

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN/PIHP	<i>Policy</i> <i>Customer Services Policy</i>
Department: Regional Customer Services and Compliance Author:	Local Policy Number (if used)
Regional Operations Committee Approval Date 7/24/17	Implementation Date 8/1/17

I. PURPOSE

To ensure consumer satisfaction with services and to enhance the relationship between consumers and the community.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
1/14/2009		
2013	2	Updated process to remove references to PRU and disbanded committees. Also included language on barrier free services.
2014	3	Revised to reflect the new regional entity
6/5/2015	4	Revised to include recommendations made by the External Quality Review (EQR) audit.
2017	5	Revised to reflect Medicaid Managed Care Regulations Final Rule 2016

III. APPLICATION

This policy applies to all staff, students, volunteers and contractual organizations within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) who are responsible for customer service functions.

IV. POLICY

The focus of Customer Services includes problem prevention, removal of barriers to persons served, grievance resolution, and advocacy for consumers so that their voices are heard, respected, and included in organizational decisions and service provision. It is the responsibility of Customer Services to ensure that the community mental health system provides care that is respectful, available to all consumers, informs consumers of their choices in the system, and is free of stigma.

V. DEFINITIONS

Accessible – Services are located near the population group likely to utilize the service(s) and on/near public transportation routes where available.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP) - A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Consumer – An individual who is receiving Community Mental Health or Substance Use Disorder services, including services provided by mental health service providers and substance use disorder agencies under contract with the PIHP.

Customer Services – The department or staff members who provide a link between consumers, their service network, and their community. The Customer Services staff respond to any inquiries made by consumers/potential consumers/family members/legal representatives/community members/staff, and responds to grievances made by consumers/legal representatives. Customer Services staff orient consumers to the Service Network, provides information on benefits and availability of services, and assists consumers in pursuing services as needed.

Grievance – An expression of dissatisfaction about any matter related to services, other than an adverse action or a rights complaint. Possible subjects for grievances include, but are not limited to, quality of care or services provided and aspects of interpersonal relationships between a service provider and the consumer.

Grievance System – Processes in place to handle appeals, grievances and the collecting and tracking of appeal and grievance information.

Inquiry – a contact made to the Customer Services department (via phone, mail, e-mail or in person) from consumers, legal representatives, family members, providers, or anyone in the community seeking information and assistance. Inquiries can include (but are not limited to): information on benefits, services, providers, transportation, and reasonable accommodations available to consumers.

Legal Representative – Legal Representative - A legal representative is defined as any of the following:

1. A court-appointed guardian,
2. A parent with legal custody of a minor recipient,
3. In the case of a deceased recipient, the executor of the estate or court appointed personal representative,
4. A patient advocate under a durable power of attorney or other advanced directive.

Local Dispute Resolution Committee – (LDRC) An ad hoc committee, convened by the local entity (either the CMHSP or the ROSC Core Provider). The LDRC for mental health services is chaired by the designee of the CMHSP Director; the LDRC for substance use disorder services is chaired by the SUD Director. The LDRC has the responsibility for reviewing local appeals regarding mental health or substance use disorder services of the CMHPSM/Core Provider and those of its contract agencies.

Michigan Department of Health and Human Services (MDHHS) Alternative Dispute Resolution Process - A program of the Michigan Department of Health & Human Services with responsibility for conducting hearings for an appeal which was not resolved at the local level through the Local Dispute Resolution Committee. This process may occur after the LDRC review has been exhausted and Community Mental Health upholds the adverse benefit determination. A hearing may also be requested, if Community Mental Health does not adhere to the notice and timing requirements in 438.408. (This is also available to non-Medicaid consumers).

Michigan Administrative Hearing System (MAHS) (also known as the Administrative Tribunal) - the entity charged by the state with responsibility for conducting Administrative Hearings/Medicaid Fair Hearings.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

Rights Complaint – A written or verbal statement by a consumer or anyone acting on behalf of a consumer alleging a violation of a Michigan Mental Health Code protected right cited in Chapter 7, which is resolved through the processes established in Chapter 7A.

Service Network – The group of providers and practitioners with which the CMHPSM contracts or makes arrangements to furnish specialty support services to consumers through the CMHPSM network panel.

Significant Change - expected and unexpected changes in services received by consumers that dictate the need for consumers/families to be formally notified of these changes, including changes in: all types of provider/contractual arrangements, program, law and/or compliance requirements, staff, and other changes deemed by Customer Service staff as meeting the criteria.

VI. STANDARDS

In order to achieve the goals of this policy, Customer Service staff shall:

- A.** Orient new consumers to the services and benefits available to them, including how to access services, also any fees and co-pays for which they are responsible.
- B.** Provide consumers with information on accessing services, service authorization, and the provider network, including providers who are accepting new consumers. Additionally, provides information on how to access primary health and other community services.
- C.** Provide consumers with information on the recipient rights protection processes and how to file a rights complaint.
- D.** Provide consumers with information on other rights to which they are entitled, including freedom to exercise those rights without retaliation, harassment, or discrimination.
- E.** Help consumers/applicants with problems and inquiries regarding benefits.

- F.** Oversee and assist consumers/legal representatives with the grievance process, including assuring the grievance process is conducted in a timely manner in accordance with the Balanced Budget Act requirements and the Regional Consumer Appeals policy.
- G.** Ensure translator services will be provided to consumers/applicants in accordance with the Culturally and Linguistically Relevant Services Policy at no charge to the consumer/legal representative.
- H.** Notify and ensure a consumer that written information is available in alternative formats and in an appropriate manner that considers special needs. Ensure that available resources include oral interpretation services; that written information is available in prevalent languages in the region's service area; and that such services will be free of charge to the consumer. Ensure that consumers are given an explanation of how to access these services or information.
- I.** Ensure that all notices and written communication provided to consumer/applicants (12-point font) are available in an easily understood format, including large print (minimum 18 point font) when needed.
- J.** Written materials for potential applicants/consumers require taglines in all prevalent languages in Michigan (top 15 languages).
- K.** Ensure that consumers/applicants are informed that electronic information (i.e. Guide to Services, etc.) is available in paper format without charge. Paper information must be provided within 5 business days of the request. Requests will be tracked in the EII Customer Service and Grievance system.
- L.** Address needs or barriers related to cultural sensitivity, reasonable accommodation for persons with physical disabilities, hearing and/or vision impairments, limited-English proficiency, and alternative forms of communication.
- M.** Track and report trends and problem areas to the organization locally and regionally.
- N.** Provide a readily available system of customer services that quickly assists consumers.
- O.** Address the need for cultural sensitivity and reasonable accommodation for persons with physical disabilities, hearing and/or visual impairments.
- P.** Track the effectiveness and efficiency of Customer Services functions through documented and periodic reports that show performance.
- Q.** Assist consumers and family members to find mechanisms within the CMHPSM to provide their input and insight into the operation of the CMHPSM. These mechanisms include soliciting membership and participation on advisory councils and Performance Improvement (PI) activities, development of new service programs and community awareness outreach initiatives, or provision or facilitation of arrangements for advocacy when requested, such as mentoring or developing informational material, newsletters, and customer satisfaction inquiries.
- R.** Maintain and make available to consumers/applicants/legal representatives written information on benefits, access to services, services available, service authorization, provider network information, the grievance system, and Customer Services functions. This shall include annual review and revision of this information.
- S.** Ensure that consumers/applicants are provided with the information described above at the time they enter services and are informed of their right to request and obtain this information at least once a year, in accordance with the Balanced Budget Act of 1997.

- T.** Be available to consumers during normal business hours and assist consumers on the first contact.
- U.** Clearly identify hours of operation.
- V.** Ensure facilitation of phone access from the consumer, legal representatives, the community, and service providers throughout normal business hours (voice mail and answering machines are not considered phone access). It is expected that the customer services unit or function will operate minimally eight hours daily, Monday through Friday, except for holidays. The hours of customer service unit operations and the process for accessing information from customer services outside those hours shall be publicized.
- W.** Enhance the relationship between the community mental health service provider/agency and the community.
- X.** Ensure that consumers are notified of any Significant Changes within the required time frame by means of the Regional process (see Exhibit A). All staff shall inform their local Customer Services representative immediately if they become aware of a potential Significant Change for consumers.
- Y.** Ensure consumers are notified within 14 days of when provider services have been terminated or when a provider terminates its contract. Notification will be given to consumers receiving services from said provider.
- Z.** Ensure that written notice will be provided to consumers and guardians as applicable when a contracted provider's services are terminated for whatever reason.
- AA.** Assist individuals in accessing transportation services needed for medically-necessary services, including specialty services identified by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) guidelines.
- BB.** Inform consumers of any Significant Change in providers or benefits.
- CC.** Ensure that a copy of the Bill of Rights and Responsibilities shall be posted at each Community Mental Health Service Provider (CMHSP) network site in a location where it is easily visible to all people coming to the site, and update the Consumer Bill of Rights and Responsibilities periodically to ensure that the document continues to reflect state/federal standards, and the values of consumers and the CMHPSM. All consumers shall receive a brochure version of the Bill of Rights and Responsibilities, along with an explanation of the contents, at the time that services begin.
- DD.** Ensure there is annual review and update of all Customer Service brochures to ensure documents continue to reflect the values of recovery/resiliency, provide value to consumers, as well as those of network staff members and members of the Community Mental Health Service Provider (CMH)SP Board. Ensure that these materials are available in the prevalent in the region's service area. (Tag lines will be provided in the Guide to Services).

Customer Services shall coordinate efforts locally with the Office of Recipient Rights (ORR) to ensure that ORR is informed of potential rights violations, and Customer Services is informed of grievances in the course of daily operations.

All consumers shall receive a brochure version of the Bill of Rights and Responsibilities, along with an explanation of the contents, at the time that services begin.

Customer Service staff shall be knowledgeable regarding different methods used per population served for orienting consumers into the general community based on the eligibility criteria and availability of services offered through the network.

Customer Service staff shall have up-to-date knowledge regarding benefits, the provider network, applicant and network policies/procedures regarding access, service authorization, and grievance/appeal procedures and are skilled in customer relations. Customer Services staff shall be trained on this information at the time of hire and refresher training therein annually.

Customer Services staff shall ensure compliance with any applicable Federal or State laws that pertain to consumers' informational rights, and ensure that information is disseminated through the region on how staff and subcontract providers need to include those rights in the provision of services to consumers. The CMHSP shall review any areas of need with applicable state and federal laws on a regular basis, and report these needs and any recommendations to the Clinical Performance Team (CPT) when needed.

VII. EXHIBITS

- A. Procedures
- B. Significant Change Process Flowchart

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 Code of Federal Regulation, Parts 400 et al. (Balanced Budget Act of 1997)	X	42CFR438.100 & 42CFR438.10
Michigan Department of Health and Human Services (MDHHS) "PIHP" Medicaid Contract	X	
MDHHS Community Mental Health Authority (CMHA) Medicaid Contract	X	
MDHHS CMHA General Funds Contract	X	
CMHPSM Consumer Appeals Policy	X	
CMHPSM Culturally Linguistically Relevant Services Policy	X	
Health Insurance Portability and Accountability Act of 1996	X	
CMHPSM Office of Recipient Rights Policy	X	
CMHPSM Organization Credentialing and Monitoring Policy	X	

PROCEDURES

Grievances

The grievance process is for any expression of dissatisfaction with service provision that is not related to an adverse action and is not a Rights complaint. A grievance may be filed by a consumer or the consumer’s legal representative. If the consumer requires assistance in filing a grievance, the Customer Services or Office of Recipient Rights will assist as needed. Grievances may be filed orally or in writing.

WHO	DOES WHAT
Consumer or Legal Representative	May contact the community mental health agency or Customer Service department directly to file a grievance orally or in writing
Customer Services Staff	<p>Logs receipt of oral or written grievance and enters relevant information In EII Customer Service and Grievance system.</p> <p>Consults with the Office of Recipient Rights (ORR) to determine if the grievance is a legally protected right (Rights Complaint). If so, informs consumer/legal representative filing grievance of the need to refer the matter to ORR; refers person to the local ORR for follow-up, and logs ORR referral on Grievance Report Form. (Skip to “Office of Recipient Rights Staff” under “Who” to follow this procedure.)</p> <p>If the grievance is not a legally protected right, sends written acknowledgement of receipt of the grievance within five days and explains the process to consumer/legal representative. Contacts consumer/legal representative by phone, if needed, to review the grievance.</p> <p>Completes the Grievance Report in EII and works with the appropriate staff and local/PIHP administrator(s) who was not involved in the initial determination that led to the grievance and who has the authority to require corrective action.</p> <p>Any grievances that Customer Services staff have the authority to respond to will be signed off by the Customer Services Supervisor prior to the disposition notification being sent to the consumer.</p>
Assigned Administrator or Customer Services Staff	<p>Takes necessary action to ensure the grievance is resolved as expeditiously as the consumer’s health condition requires, but no later than sixty calendar days of the receipt of the grievance. Ensures corrective action is taken, when necessary.</p> <p>If the grievance involves clinical issues or issues of medical necessity, ensures that professional(s) who have the appropriate clinical expertise in treating the consumer’s condition or disease are involved in review of the grievance.</p> <p>Ensures all grievances are disposed of within ten calendar days whenever possible. Whether or not the disposition is in favor of the consumer, the grievance must be addressed within the required time frame.</p> <p>If the grievance is filed by a Medicaid recipient and is not disposed of within sixty calendar days, on the sixty first day, notifies the consumer/legal representative of applicable appeal rights.</p> <p>Ensures the consumer, guardian or parent of a minor child receives written notification of the disposition within sixty calendar days from the date of the request for a grievance. The notice of the disposition shall include the results of the grievance process; the date the grievance process was</p>

	<p>conducted; the consumer's right to request a fair hearing, if the notice is more than sixty calendar days from the date of the request for a grievance; and how to access the fair hearings process.</p> <p>Ensures the Grievance Report in EII is completed.</p> <p>Provides quarterly grievance summary data to the CMHPSM QI Program and Regional Customer Services Committee</p>
Office of Recipient Rights Staff	<p>When providing consultation to Customer Services, or when triaging a call to the ORR, makes the final determination whether:</p> <p>A received rights complaint involves a grievance.</p> <p>A grievance involves a legally protected right.</p> <p>Follows ORR policies and procedures for a rights complaint when ORR staff determines that a grievance also involves a legally protected right.</p> <p>Refers any grievance portion of rights complaint to Customer Services department.</p>
Regional Customer Services Committee	<p>Staff follows the "Grievance Process Instructions for Regional Staff."</p> <p>Maintains grievance report database in EII regionally.</p> <p>Reviews data on a quarterly basis and reports regional summary of grievance data to the Clinical Performance.</p> <p>Identifies any trends from grievance data and makes recommendations to the Clinical Performance where needed.</p>

Inquiries

The inquiry process is used for contacts made to the Customer Services Department (via phone, mail, e-mail or in person) from consumers, legal representatives, family members, providers or anyone in the community seeking information and assistance. Inquiries can include but are not limited to: information on benefits, services, providers, transportation, and reasonable accommodations available to consumers.

WHO	DOES WHAT
Consumer, Legal Representative, Family Member, Provider, or other Community Member, or staff	Contacts Customer Services for information or assistance.
Customer Services Staff	<p>Takes contact (including inquiries and suggestions).</p> <p>Logs receipt of inquiry in EII Customer Service and Grievance system.</p> <p>Consults with ORR as needed to clarify whether an inquiry may be a legally protected right (Rights Complaint) or a grievance. If ORR determines the contact is a potential rights issue, refers to ORR and logs in EII Customer Service and Grievance system. If a grievance, follows the grievance procedure above.</p> <p>Determines if contact is a suggestion that would be relevant feedback to provide to the PIHP via the Clinical Performance Team in the Customer Service Quarterly Report.</p> <p>Determines if contact is a request for information or assistance. If so, provides information or assistance to contact or refers contact person to other resources, when appropriate.</p>

	Ensures the Customer Service Form Letter is completed in EII. Maintains local Customer Service database in EII. Reports local data, including relevant suggestions to Regional Customer Services Committee.
Regional Customer Services Committee	Maintains inquiry and grievance report database regionally. Reviews data on a quarterly basis and reports regional summary of inquiry data to the Clinical Performance Team. Identifies any trends from inquiry data, including relevant suggestions, and makes recommendations to the Clinical Performance Team when needed.

Notifying Consumers of Significant Changes

The significant change process allows Customer Services to proactively respond to expected and unexpected changes in services received by consumers. Utilization of the significant change process facilitates the prevention of consumer grievances and inquiries, a way for Customer Service to work collaboratively and systematically to ensure service delivery is provided in the best means possible for consumers and families.

WHO	DOES WHAT
All Staff/Providers	Notifies Customer Services staff of potential or actual significant change.
Customer Services Staff	Checks definition of “Significant Change” to be sure the reported change meets the parameters of a Significant Change. Ensures appropriate Administrative Staff is informed of Significant Change. Informs Chairperson of Regional Customer Services Committee of Significant Change. Works with core team to determine impact of change including: Whether change will have a local or regional impact. Whether a local or regional process needs to be implemented.
Customer Services Staff	Contacts key Department Heads and Administrative Staff of upcoming change. Ensures a Core Team is identified that will work on the development and implementation of notifying consumers of the Significant Change (will vary depending on the type and scope of change).
Identified Core Team	Develops and executes plan to notify consumers of Significant Change using parameters identified in Exhibit C. Develops and executes a communication/public relations plan for staff and consumers using parameters identified in Exhibit C Assures Customer Services staff (local or the Regional Chairperson depending on the type of change) is informed of the plan and the outcome of the plan.
Local Customer Services Staff	If the notification of a Significant Change was local, assures that the Regional Customer Services Committee is informed of the plan and its outcome.
Regional Customer Services Committee	Maintains data across the region on Significant Changes that occurred and their resolution.

EXHIBIT B

Process Flow to Notify Consumers of Significant Changes

This process flow identifies standard parameters to be followed when developing and implementing a plan to notify consumers/family members of a Significant Change. The specifics of the plan and implementation will be led by the Identified Core Team and will depend on the type and scope of the change involved.

Customer Services will be the lead in assuring the appropriate local or regional entities are made aware of a Significant Change that will require this process.

Customer Services may or may not be members of the Identified Core Team for the actual development and implementation of a notification plan (as per the process flow), depending on the type of Significant Change involved

1. The Definition of Significant Change Process for Consumers

Significant Changes that would require staff to notify Customer Services include:

a. All Types of Potential Provider/Contractual Changes

CMH staff needs to be notified of any of these changes. Consumers need to be notified of any of the changes below with an asterisk (*) next to them.

- i. Contract added
- ii. Provider in provisional status
- iii. Service added in provider contract*
- iv. Service removed from provider contract*
- v. Contract terminated by CMH or by the provider*

b. Program Changes

CMH staff and consumers need to be notified of any of these changes.

- i. New program and services
- ii. Removed program
- iii. Changes in Medicaid Provider Manual (changes in services covered)
- iv. Change in programming (change in location, change in how service provided and scope of service)
- v. Reduction in services or a particular service (due to budget cuts)

c. Law/Compliance Change

CMH staff, consumers and providers need to be notified of any of these changes.

- i. Advance Directives (within 90 days of change in law)
- ii. Michigan Mental Health Code
- iii. 42 CFR (including the Balanced Budget Act and other Medicaid law that affects consumers)
- iv. HIPAA/Privacy Changes – either in the law or in our privacy practices

d. Other

Customer Service staff will determine notification of any of these changes.

- i. Change in leadership (from Program Administrators/Department Heads to Executive Directors)
- ii. Change with clinical staff (the level of communication to be determined by the process)

2. Significant Change Notification of Identified Stakeholders

Identified Stakeholders that need to be considered, notified, and/or involved in the process of notifying consumer of significant change include:

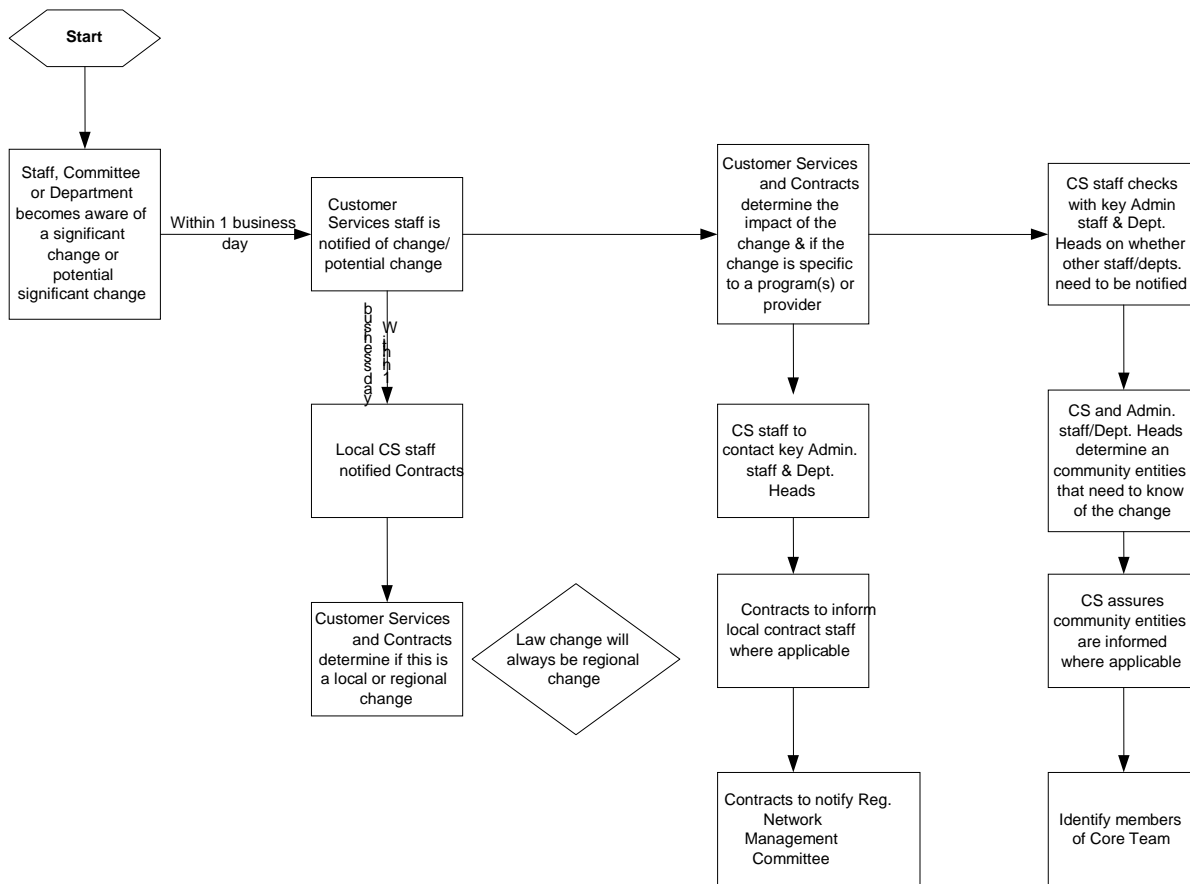
- a. Consumers/families/guardians
- b. Clinical/case management staff
- c. Customer Services Department (CMHSP and Regional Committee)
- d. Providers affected by the change
- e. Regional Network Management Committee
- f. Contract Holder in individual CMHSP
- g. Office of Recipient Rights
- h. Administrative/Fair Hearings Officer
- i. CMHPSM Regional Substance Use Disorder Services
- j. CMHSP's Finance Departments, Regional Finance Committee
- k. Regional Operations Committee
- l. Community Mental Health Service Provider (CMHSP) Administrative Teams
- m. Board (Regional, CMHSP Boards)
- n. Community (Association for Community Advocacy, Intermediate School District, etc.)
- o. Partners (i.e. National Alliance on Mental Illness, Friends of Developmentally Disabled, Michigan Rehabilitative Services, Association for Retarded Citizens, Housing Authorities)
- p. Reception and Clerical staff in the CMHSPs and CMHPSM
- q. MDHHS (when applicable)
- r. Consumer Advisory Committees (local & regional)

3. Minimum Standards for a Written Communication Plan (Specifically for Consumers/Families)

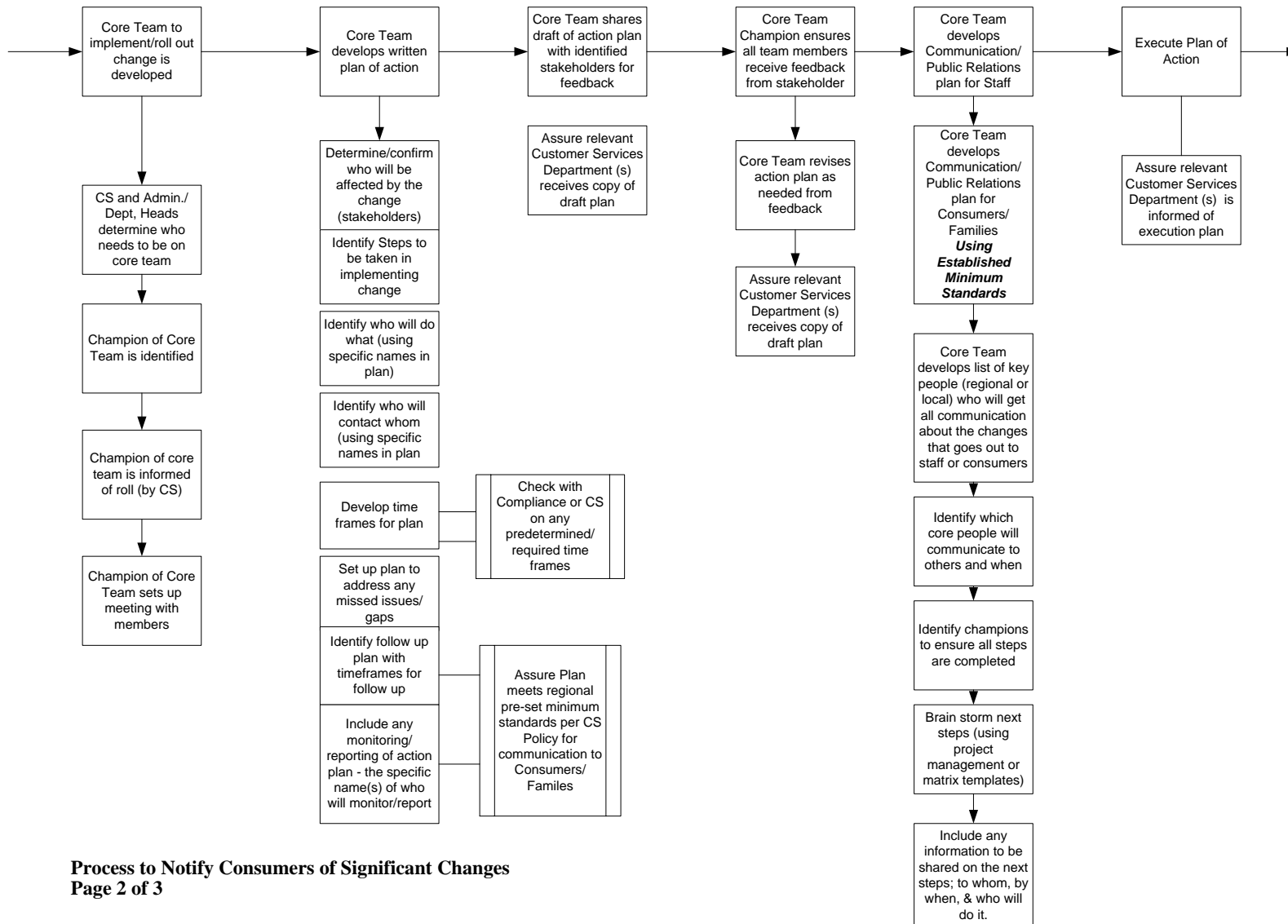
- a. Impact Assessment - Make a thorough assessment of which consumers and other identified stakeholders* will be affected by this change.
 - i. Is it all consumers we serve?
 - ii. Is it consumers in a specific program/department?
 - iii. Is it consumers who receive a particular service?
 - iv. Is it consumers receiving service from a particular provider?
- b. Get consumer involvement and feedback before notice goes out if possible.
- c. Notify consumers/families to clinical/case management staff involved.
- d. Explain what the Significant Change is using parameters of definitions of Significant Change above.
 - i. Give the most direct information possible in the least complicated language.
 - ii. Explain clearly what is expected of consumers/families and any timeframes they need to commit to in order to make the change/transition successful.
 - iii. Explain simply and clearly what it means for consumers/guardians/family - how will it affect them
 - iv. Plan for any continuity of care needs – clarify whether it will or will not be a change in service.
- e. Provide a letter with information on any meetings that are happening related to this change consumers/families can attend. Include the date, location, and time of meeting. If the meeting is a standing meeting and there is a schedule (i.e. a Board meeting), provide a copy of that schedule.

- i. Double check the correct addresses of the consumers/family members receiving a letter.
 - ii. Give clinical/case management staff lead time (two weeks) to make sure the correct address is in the system.
 - iii. Include staff names and contact numbers that consumers/families can access in the letter.
 - iv. Make sure guardian gets copy if they are not in the same home as consumer;
 - v. Make sure family members get a copy even if they are not the guardian when there is a return on investment that allows it.
 - vi. Include any information (copies of documents) consumers/families may need to explain the change, when possible.
 - vii. If information can't be included in the communication then explain where consumers/families can access it.
 - viii. Provide a chronology of how the change happened/how we got here, whenever appropriate.
 - ix. Note any changes/alterations in the change or the plan for change will be communicated as soon as possible.
- f. Consider alternate forms of communication for general changes such as newsletters, web, multimedia information at different locations, etc.
- i. General changes are changes that do not adversely affect consumers.
 - ii. The timeframe would be longer, i.e. Advance Directives.
- g. Include any information (copies of documents) they may need to explain the change, when possible.
- h. Ensure follow up post letter is created and distributed.
- i. Explain what we are doing about the change (our action plan) to the extent we can share this information.

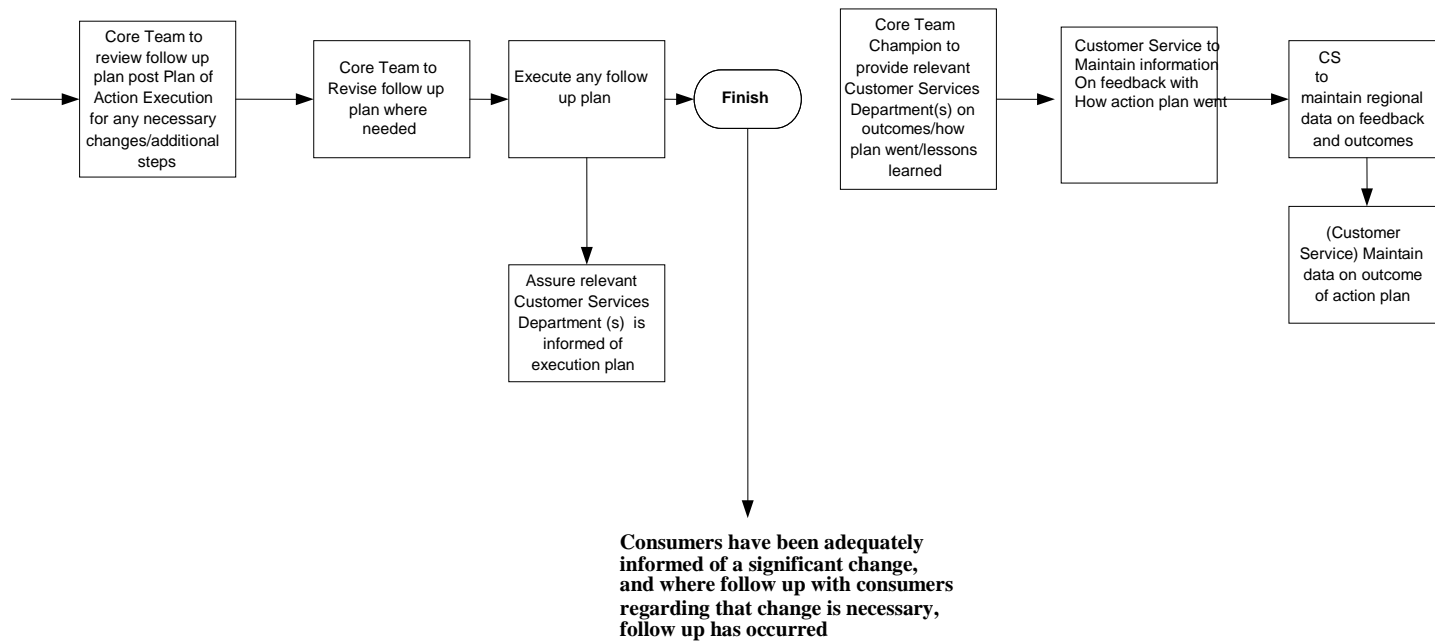
* Notification of other identified stakeholders who could or could not follow this communication plan depending on what the identified core team decided. These standards were set to note what minimally needs to be included about a Significant Change as a requirement for the region in how communication to consumers/families occurred, but it could be used for other identified stakeholders when applicable.



**Process to Notify Consumers of Significant Changes
Page 1 of 3**



Process to Notify Consumers of Significant Changes
Page 2 of 3



Process to Notify Consumers of Significant Changes
 Page 3 of 3

Figure 1