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| COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN | | <i>Procedure</i> Person Centered Planning Satisfaction Survey Procedure | |
| Department: Author: Performance Improvement | | Local Policy Number (if used) | |
| Revision Date | Approval Date | Implementation Date | |
| Archive Information | | | |
| Date: | | | |
| Reason: | | | |

I. PURPOSE

To ensure all consumers have an opportunity to provide feedback about their Person Centered Plan (PCP) Meeting and that this feedback is kept confidential and responded to appropriately.

II. APPLICATION

This applies to any person facilitating a Person Centered Plan and or responsible for ensuring consumers receive a PCP satisfaction survey.

III. EXHIBITS

- PERSON CENTERED PLANNING SATISFACTION SURVEY

IV. REFERENCES

| Reference: | Check if applies: | Standard Numbers: |
|---|----------------------------------|--------------------------|
| 42 CFR Parts 400 et al. (Balanced Budget Act) | | |
| 45 CFR Parts 160 & 164 (HIPPA) | | |
| 42 CFR Part 2 (Substance Abuse) | | |
| Michigan Mental Health Code Act 258 of 1974 | | |
| JCAHO- Behavioral Health Standards | | |
| MDCH Medicaid Contract | | |
| MDCH Substance Abuse Contract | X | |
| Michigan Medicaid Provider Manual | | |
| PIHP Policy Review Schedule | | |
| Policy Tracking Form | | |
| | | |

V. PROCEDURES

Who

Case Manager/Supports
Coordinator/Other CMH Staff

Person Centered Plan Meeting
Facilitator

Does What

Ensures the consumer receives a survey from the Person Centered Planning Facilitator after the PCP meeting.

At the end of the PCP the meeting facilitator gives the consumer a Person Centered Planning Satisfaction Survey and a self-addressed stamped envelope. The envelope clearly states the contents as being confidential and is addressed to the PCP Designee. Encourages the consumer to fill out the survey on their own and to be candid in their responses. Explains to the consumer that their responses are used to improve the PCP process. If the consumer requests assistance in completing the survey, the facilitator will encourage them to use natural supports if available or the facilitator/consumer will notify the front desk support staff to schedule a time to meet with the PCP Designee for that county. The survey must be returned in a sealed envelope that is addressed to the PCP Designee for that county, whether filled out after the PCP meeting or mailed back later.

The consumer is instructed to:

- Complete the survey
- Sign the survey if they wish follow up or they can remain anonymous.
- Put the survey into the envelope and seal it
- Give the sealed envelope only to the front desk support staff or mail it back.

Front Desk Support Staff

The front desk support staff forward the sealed envelope to the PCP Designee for that county at the time of the receipt.

If the consumer needs assistance filling out the PCP Satisfaction Survey and a Natural Support is not able to assist the consumer in filling out the survey, the front desk support staff contact the PCP Designee to schedule a time to meet with the consumer.

Compilation of Survey Data:

Who

Person Centered Planning
Designee for each county

Does What

Enters all PCP Satisfaction Survey data into a
computer database.

Compiles a quarterly report of PCP Survey data in
the approved format and submits this quarterly to
the appropriate person gathering this data.