

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>	
Department: Customer Services Author: Affiliation Customer Service Committee		<i>Customer Services Policy - Affiliation</i> Local Policy Number (if used)	
Revision Date 1/14/09	Approval Date 5/22/07	Implementation Date 5/13/09	
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Reason:			

I. PURPOSE

To establish policy and procedure for the provision of Customer Services to ensure consumer satisfaction with services and enhance the relationship between consumers and community. The focus of Customer Services includes problem prevention, grievance resolution, and the promotion of consumers so that their voices are heard, respected, and included in organizational decisions and service provision.

II. POLICY

Customer Services is a set of functions that interacts with all other aspects of business within the Prepaid Inpatient Health Plan (PIHP) and the Comprehensive Specialty Services Programs (CSSN). It is the responsibility of Customer Services to ensure that the community mental health system provides care that is respectful, available to all consumers, and free of stigma. To achieve this Customer Services must interact with all organization operations and operate to ensure consumer/applicant dignity and privacy.

III. APPLICATION

This policy applies to the PIHP, the CSSN, all Community Mental Health of Southeast Michigan (CMHPSM) staff, students and volunteers, and all organizations, agencies and providers under contract or subcontract with the Washtenaw Community Health Organization (WCHO).

IV. DEFINITIONS

Consumer – An individual who is receiving Community Mental Health or Substance Abuse services, including services provided by mental health service providers and substance abuse agencies under contract with the WCHO.

CMHSP - Community Mental Health Services Program means a program operated under PA. 258, Michigan Mental Health Code, 330.1202, Section 202 as a county community mental health agency, a community mental health authority or a community mental health organization that that makes up one of the entities of the Community Mental Health Partnership of Southeast Michigan.

Comprehensive Specialty Services Network (CSSN) - An organization that is certified as a Community Mental Health Service Provider which has a recipient rights system, services all populations, has a publicly appointed Board of Directors, and has Joint Commission accreditation.

Grievance – An expression of dissatisfaction about any matter related to services, other than an adverse action, which does not involve 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.

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 – The guardian, parent of a minor or other person authorized by law to represent a consumer.

Customer Services – The department that provides a link between consumers, their service network, and their community. The department responds to any inquiries made by consumers/potential consumers/family members/community members, 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.

Pre-paid Inpatient Health Plan (PIHP) - The organization that manages specialty health care services under the Michigan Medicaid Waiver Program for Specialty Services. The PIHP provides specialty health care services to enrollees under contract with the state, and on the basis of prepaid capitation payments or other payments that do not use State plan payment rates. The PIHP provides, arranges for, or otherwise has the responsibility for the provision of hospital or institutional services for its enrollees, and does not have a comprehensive risk contract.

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 - A Significant Change occurs when a consumer experiences a change in functioning or circumstances. The assessment will focus on the consumer's current need and may result in change to the person centered plan that may add new outcomes, amend existing authorizations for services or supports, or add authorizations for new supports or services. A Significant Change may be the result of a positive change so that the consumer needs less service or less restrictive care, such as mainstreaming to primary care as a medical home. Or, the consumer may be at risk of, or experiencing, a decrease in functional ability or a loss of supports necessary to maintain functioning. A Significant Change in functioning may result from an acute illness or injury or as a result of a chronic condition. Additionally,

environmental change may lead to the need for substantial modifications in service delivery.

V. STANDARDS

In order to achieve the goals of this policy, Customer Service shall ensure/ assist:

- 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.
- 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 Affiliation Appeals policy.
- G.** Assure translator services will be provided to consumers/applicants in accordance with the Culturally & Linguistically Appropriate Services Policy at no charge to the consumer/legal representative.
- H.** Notify and assure consumers 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; 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 are available in an easily understood format, including large print when needed.
- J.** 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.
- K.** Track and report trends and problem areas to the organization locally and regionally.
- L.** Provide a readily available system of services that quickly assists consumers.
- M.** Address the need for cultural sensitivity and reasonable accommodation for persons with physical disabilities, hearing and/or visual impairments.
- N.** Track the effectiveness and efficiency of Customer Services functions through documented and periodic reports that show performance.
- O.** 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.
- P.** 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.

- Q.** 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.
- R.** Be available to consumers during normal business hours and assist consumers on the first contact.
- S.** Clearly identify hours of operation.
- T.** 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).
- U.** Customer Service works to enhance the relationship between the community mental health agency and the community.
- V.** Ensure that consumers are notified of any Significant Changes within the required time frame by means of the Affiliation 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.
- W.** Ensure consumers are notified within 14 days of when provider services have been terminated or when a provider terminates his contract. Notification will be given to consumers receiving services from said provider.
- X.** Ensure that written notice will be provided to consumers and guardians as applicable when a contracted provider's services are terminated for whatever reason.
- Y.** 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.
- Z.** Inform consumers of any Significant Change in providers or benefits.
- AA.** 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. 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.
- BB.** Ensure there is annual review and update of all Customer Service brochures to ensure documents continue to reflect the important values of consumers, as well as those of network staff members and members of the Community Mental Health (CMH) Board.

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.

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 Affiliation Customer Services Committee 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 PI Committee and/or Affiliation Corporate Compliance Committee when needed.

VI. EXHIBITS

A. Significant Change Process Flowchart

VII. 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 Community Health (MDCH) PIHP Medicaid Contract	X	
MDCH Community Mental Health Authority (CMHA) Medicaid Contract	X	
MDCH CMHA General Funds Contract	X	
Appeals Policy – Affiliation	X	
Culturally Linguistically Appropriate Services Policy	X	
Health Insurance Portability and Accountability Act of 1996	X	
Office of Recipient Rights Policy	X	

VIII. PROCEDURES

A. 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	1. May contact the community mental health agency or Customer Service department directly to file a grievance orally or in writing

Local Customer Services Staff	<ol style="list-style-type: none"> 1. Logs receipt of grievance and enter relevant information on Grievance Report Form. 2. 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.) 3. 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. 4. Submits the Grievance Report Form to the appropriate staff and a local administrator who was not involved in the initial determination that led to the grievance and who has the authority to require corrective action. 5. 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.
Local Assigned Administrator or Customer Services Staff	<ol style="list-style-type: none"> 1. Takes necessary action to ensure the grievance is resolved, and corrective action is taken when necessary. 2. 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 are involved in review of the grievance. 3. Ensures all grievances are disposed of within 10 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. 4. If the grievance is filed by a Medicaid recipient and is not disposed of within 60 calendar days, on the 61st day, notifies the consumer/legal representative of applicable appeal rights. 5. Ensures the consumer receives written notification of the disposition within the required timeframe. 6. Ensures the Grievance Report Form is completed and signs it. 7. Provides quarterly grievance summary data to the Affiliation Customer Services Committee of the local Board's PI program.
Office of Recipient Rights Staff	<ol style="list-style-type: none"> 1. When providing consultation to Customer Services, or when triaging a call to the ORR, makes the final determination whether: <ol style="list-style-type: none"> a. A received rights complaint involves a grievance. b. A grievance involves a legally protected right. 2. Follows ORR policies and procedures for a rights complaint when ORR staff determines that a grievance also involves a legally protected right. 3. Refers any grievance portion of rights complaint to local Customer Services department.
Affiliation Customer Services Committee	<ol style="list-style-type: none"> 1. Staff follows the "Grievance Process Instructions for Affiliation Staff." 2. Maintains grievance report database regionally.

	<ol style="list-style-type: none"> 3. Reviews data on a quarterly basis and reports affiliation summary of grievance data to the PI Committee. 4. Identifies any trends from grievance data and makes recommendations to the PI Committee where needed.
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B. 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	<ol style="list-style-type: none"> 1. Contacts Customer Services for information or assistance.
Local Customer Services Staff	<ol style="list-style-type: none"> 1. Takes contact (including inquiries and suggestions). 2. Logs receipt of inquiry on Inquiry Data Form. 3. 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 on Inquiry Data Form. If a grievance, follows the grievance procedure above. 4. Determines if contact is a suggestion that would be relevant feedback to provide to the WCHO via the PI Committee in the Customer Service Quarterly Report. 5. 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. 6. Ensures the Inquiry Data Form is completed. 7. Maintains local inquiry database. 8. Reports local data, including relevant suggestions to Affiliation Customer Services Committee.
Affiliation Customer Services Committee	<ol style="list-style-type: none"> 1. Maintains inquiry and grievance report database regionally. 2. Reviews data on a quarterly basis and reports affiliation summary of inquiry data to the PI Committee. 3. Identifies any trends from inquiry data, including relevant suggestions, and makes recommendations to the PI Committee when needed.

C. 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	1. Notifies local Customer Services staff of potential or actual significant change.
Local Customer Services Staff	<ol style="list-style-type: none"> 1. Checks definition of “Significant Change” to be sure the reported change meets the parameters of a Significant Change. 2. Ensures Local Provider Relations Unit is informed of Significant Change. 3. Informs Chairperson of Affiliation Customer Services Committee of Significant Change. 4. Works with Local Provider Relations Unit to determine impact of change including: <ol style="list-style-type: none"> a. Whether change will have a local or regional impact. b. Whether a local or regional process needs to be implemented.
Provider Relations Unit Staff	<ol style="list-style-type: none"> 1. Ensures Local Provider Relations Unit contract staff are informed of Significant Change, when applicable. 2. Notifies Affiliation Network Management Committee of Significant Change.
Customer Services Staff (local or regional)	<ol style="list-style-type: none"> 1. Contacts key Department Heads and Administrative Staff of upcoming change. 2. 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	<ol style="list-style-type: none"> 1. Develops and executes plan to notify consumers of Significant Change using parameters identified in Exhibit C. 2. Develops and executes a communication/public relations plan for staff and consumers using parameters identified in Exhibit C 3. Assures Customer Services staff (local or the Affiliation Chairperson depending on the type of change) is informed of the plan and the outcome of the plan.
Local Customer Services Staff	1. If the notification of a Significant Change was local, assures that the Affiliation Customer Services Committee is informed of the plan and its outcome.
Affiliation Customer Services Committee	<ol style="list-style-type: none"> 1. Maintains data across the region on Significant Changes that occurred and their resolution. 2. Reports data on Significant Changes to PI Committee as needed, and at least annually.

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 lead by the Identified Core Team and will depend on the type and scope of the change involved.

Customer Services and the Provider Relations Unit 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 and the Provider Relations Unit 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 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 WCHO 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:

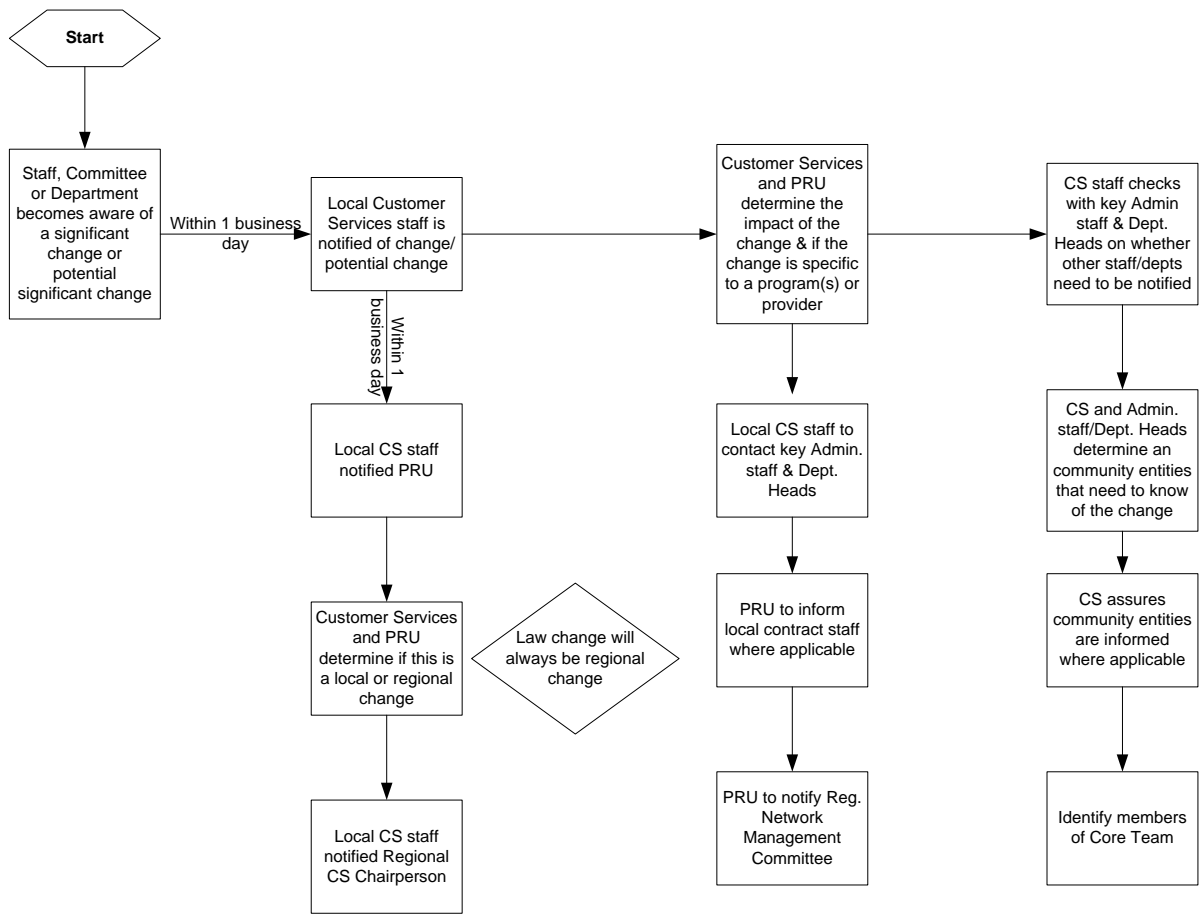
- a. Consumers/families/guardians
- b. Clinical/case management staff
- c. Customer Services Department
- d. Provider Relations Unit
- e. Providers affected by the change
- f. Affiliation Network Management Committee
- g. Contract Holder in individual CMHA
- h. Office of Recipient Rights
- i. Administrative/Fair Hearings Officer
- j. Substance Abuse Coordinating Agency
- k. Finance Department
- l. Affiliation Executive Committee
- m. Community Mental Health Administrative Teams
- n. Board (Affiliation, CSSN Boards, WCHO)
- o. Community (Association for Community Advocacy, Intermediate School District, etc.)
- p. Partners (i.e. National Alliance on Mental Illness, Friends of Developmentally Disabled, Michigan Rehabilitative Services, Association for Retarded Citizens, Housing Authorities)
- q. Reception and Clerical staff in the CMHA/WCHO
- r. MDCH (when applicable)
- s. Consumer Advisory Committees (local & affiliate)

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

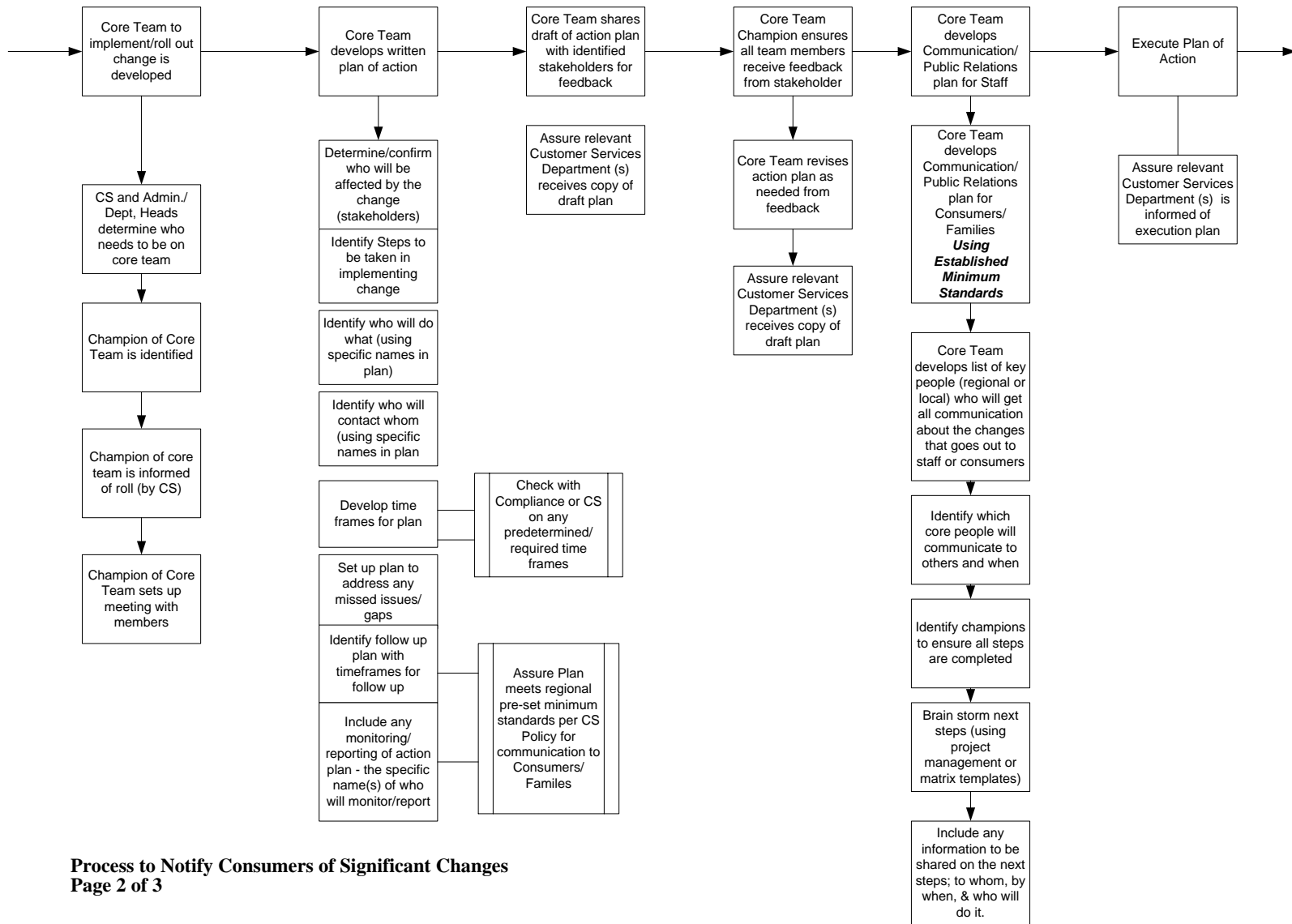
- a. Impact Assessment - Make a thorough assessment of which consumers and other identified stakeholders* will be affected by this change.
 - i. Is it all consumers we serve?
 - ii. Is it consumers in a specific program/department?
 - iii. Is it consumers who receive a particular service?
 - iv. Is it 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.

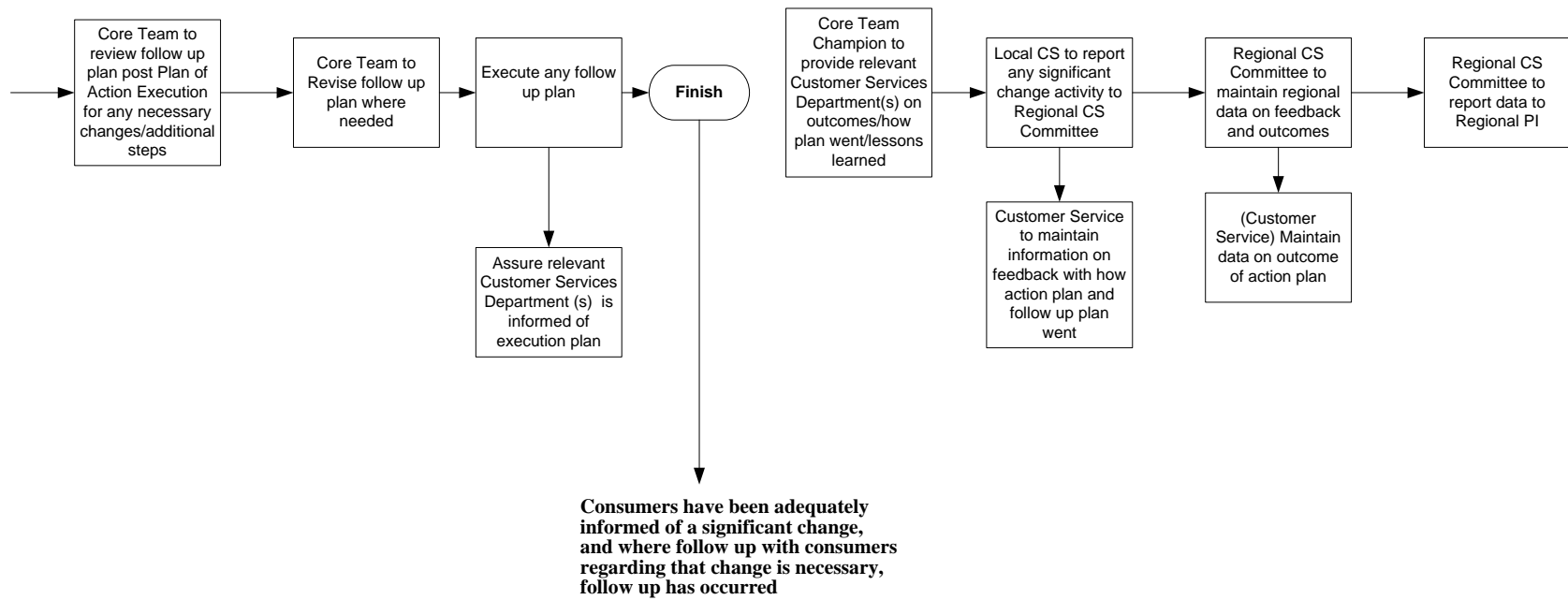
* Notification of other identified stakeholders who could or could not follow this communication plan depending on what the identified core team decided. These standards were set to note what minimally needs to be included about a Significant Change as a requirement for the region in how communication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



**Process to Notify Consumers of Significant Changes
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