

KALAMAZOO COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ADMINISTRATIVE POLICY & PROCEDURE 06.01

Subject: Customer Services		Section: Customer Services	
Applies To: <input checked="" type="checkbox"/> KCMHSAS Staff <input checked="" type="checkbox"/> KCMHSAS Contract Providers			Page: 1 of 7
Approved: ----- (Jeff Patton, Chief Executive Officer)			
Revised: 03/02/2016	Supersedes: 08/14/2015	First Effective: 01/19/2000	

PURPOSE

To ensure that processes are in place that increase applicant and customer awareness of Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS) and network providers and services available. Awareness mechanisms must address the service needs of the broadest scope of beneficiaries and range from informing them of their plan benefits/service options, promoting their participation and satisfaction with services, offering effective problem solving opportunities and providing a grievance and appeals mechanism.

POLICY

The following principles are the foundation for creating a welcoming environment in all areas of the organization:

- I. We believe in the full potential of all persons to live lives of recovery and self-determination, regardless of their life circumstances and challenges. Individuals seeking services have strengths and abilities, and will be treated with dignity, respect and an expectation of hope.

- II. We recognize diversity as a source of strength and vitality, and are committed to cultural competency in our interactions with others.

- III. We expect that all staff provide excellent service and respond to any concern or inquiries in a prompt helpful and courteous manner.

STANDARDS**I. CUSTOMER SERVICES FUNCTION**

- A. *Information and Referral* services will be available to the entire Kalamazoo County service area to address general questions about community resources and to facilitate problem solving for mental health and/or substance use related needs. Information and referral services will also be available to persons served by the region to address questions regarding their specific plan benefits. A listing of community resources and provider organizations will be maintained to facilitate choice in the selection of vendors and will be provided to persons served at the start of ongoing services and be made available at their request thereafter. Resource information will also be identified and provided annually during the eligibility determination, assessment and person-centered planning processes.
- B. *Accommodations*
All vital documents will be made available in alternative communication formats to address the needs of service applicants and persons served, as applicable. Additionally, interpreter services are available at no cost to service applicants and persons served (see KCMHSAS policy [06.03 \[Limited English Proficiency\]](#) for more information).
- C. *Program Orientation* information will be offered to all new persons served. Orientation may be a meeting with a person who is currently receiving services and/or with a member of the KCMHSAS network provider staff. Information provided to new members will include information regarding service choices, person-centered planning and plan benefits. Specific information regarding provider safety protections and responsibilities of persons receiving services is also provided. Orientation occurs at the time of intake and continues during the person-centered planning process.
- D. *Rights of Recipients*
Members also have available a Recipient Rights Process as required by the Michigan Mental Health Code, Public Health Act 368 and Michigan Department of Community Health. Areas of protections for persons served referred to as “Recipient Rights” have separate policies and subsequent procedures that are not included as an attachment to this policy. Aside from these identified Recipient Rights, persons served are provided information regarding several other aspects of their services from the KCMHSAS provider network. Customers are provided opportunity to receive the information at entry to the system and annually (or more often) when Person-Centered Plans are created. In addition, this information is available at any time from the KCMHSAS Customer Services office. The KCMHSAS provider network utilizes web sites, newsletters and posters to remind persons receiving services that the information is available. Information is shared via handbooks, orientation, some specific forms and documents sent to the person receiving services, and by the contacting

KCMHSAS Customer Services office. The protections identified in these communications include, but are not necessarily limited to:

1. Information regarding contracted service providers including name, address, phone, languages spoken in addition to English and if the provider is accepting new referrals for service.
2. Any restrictions regarding choice of service provider.
3. Information on Grievance, Appeal and Fair Hearing, and Dispute Resolution procedures (see section E below for more information as how this relates to Customer Services).
4. Information regarding the mental health/substance abuse services/benefits a person is entitled to, aside from the listing of all mental health and substance use services available in the Southwest Michigan Behavioral Healthcare (SWMBH) Customer Services Handbook. The Individual Plan of Service developed for each person receiving services identifies the amount, scope and duration of all services to be provided to a person under the Plan. On each Plan is contact information the person receiving services can use to ask questions about the Plan and/or services. With each Plan, persons receiving services are also provided with Adequate Notice of the services being requested in the Plan. This *Notice* includes):
 - a. Local appeal options
 - b. state level appeal options
 - c. time frames for filing appeals
 - d. contact information (including toll free phone numbers) to ask for assistance in filing an appeal
5. How services/benefits are obtained from KCMHSAS. This includes an overview of the assessment process, Person-Centered Planning, consent for treatment, selection of a provider and how services to be provided will be authorized by the KCMHSAS.
6. How persons receiving services can obtain services/benefits from a provider not currently under contract with the KCMHSAS.
7. How to access emergency services. The *SWMBH Customer Services Handbook* includes information about what is considered an emergency, locations persons receiving services can go to for emergency services and a statement that no prior authorization is ever needed to seek emergency services. In addition, informational brochures used by the agencies will include who to access for emergency services, 24-hours/day, 365 days/year.
8. How referrals to specialty care are addressed if necessary.
9. How a person's "ability to pay" for services is figured and how much if any of the cost they will need to contribute/pay for services.
10. How and where the person receiving services can access services/benefits that are available under the State Medicaid plan but are not covered under the contract with KCMHSAS. Including cost sharing for the services and how to access transportation.
11. Information regarding advance directives, identifying a patient advocate and the assistance available through KCMHSAS.

12. Other information is available upon request from the KCMHSAS. For example, the person receiving services can ask for the structure of the KCMHSAS operations and any physician incentive plans that may be in place.

E. *Second Opinion Rights and, Grievances and Appeals*

1. Persons receiving services and those who request services of the KCMHSAS have available to them Grievance, Appeal and Second Opinion processes. KCMHSAS utilizes the Customer Services office to address appeals, grievances and second opinions. The Grievance, Appeals and Second Opinion processes are outlined and reviewed as part of the new member orientation and person centered planning process.
2. Further notification about grievance, appeal and second opinion rights is distributed to current and potential persons served whenever use of a benefit is denied, reduced, suspended or terminated. *Action Notices* – as sent to persons receiving services – include:
 - a. the reasons for the denial/service change
 - b. effective date of change
 - c. local appeal options
 - d. state level appeal options
 - e. time frames for filing appeals
 - f. contact information (including toll free phone numbers) to ask for assistance in filing an appeal
 - g. directions to ask for services to continue during appeal process
 - h. information about potential repayment of fees associated with the services in dispute if the final decision is not in favor of the person served
3. The Grievance, Appeals and Second Opinion processes have separate policies and subsequent procedures that are not included as an attachment to this policy (see policy [06.02 \[2nd Opinion / Grievance and Appeals / Dispute Resolution\]](#) and subsequent procedures)

- F. *Community Education and Outreach* activities such as prevention, marketing and outreach are conducted by KCMHSAS. The focus of these activities are to promote the availability of mental health and substance use/abuse services in local communities, to reduce the stigma attached to needing help and receiving services, and offering community resource information for assistance (see policy [05.01 \[Community Education\]](#) for more information).

G. *Change in Benefits*

Persons receiving services will be notified in writing regarding significant changes in benefits, service array, cost, termination of provider contracts and other changes that impact their services. Written notice will be consistent with policies governing the issue. For example, Advance Notice of Suspension, Reduction, Termination is 12 days prior to the action and notification of the termination of a contracted service provider is no more than 15 days from the

decision to terminate a contract is made.

H. *Participation of Persons Served*

KCMHSAS may maintain a local advisory group whose membership consist of persons receiving services to give feedback to the agency about topics such as policy issues, marketing/outreach materials, strategic planning and satisfaction with services. KCMHSAS may also have customer membership within the SWMBH Customer Advisory Committee. Persons receiving services may also be involved in local committee work. In addition, the opinions of persons receiving services from the KCMHSAS as an entity are also sought out via group meetings and participation on KCMHSAS committees. Also during these times, persons served are provided with opportunity to shape the materials shared with all persons served.

I. *Notification of Provider Network Changes*

KCMHSAS shall notify any individuals served of changes in information regarding network providers at least 30 days before the intended effective date of change.

PROCEDURE

- I. Service providing agencies within the KCMHSAS network will develop specific procedures for addressing the requirements on this policy. The procedures here are general procedures to be followed and serve as a guide to any local procedures. Monitoring of provider performance will be completed through the Quality Monitoring Review (QMR) processes.
- II. Inquiries throughout the KCMHSAS will be addressed using the following welcoming expectations for all individuals seeking information, services/care, or help to address concerns:
 - A. People will be accepted at any stage of their development and/or illness pattern (“Where they are” concept).
 - B. All staff will be adequately trained in the welcoming philosophy.
 - C. Persons served will be offered opportunities to participate in wellness.
 - D. Providers will have adequate resources to provide appropriate clinical interventions within budgetary constraints.
 - E. Programs will strive for satisfaction with treatment by all stakeholders.
 - F. Providers will strive to provide useful, relevant, and meaningful treatment.

- G. All staff will do their best to assure that each person feels valued and accepted, and that their needs have been met.
 - H. KCMHSAS will provide continuity and consistency of care across all programs and services.
- III.** Inquiries will be routed with the service system based on the type of request:
- A. Inquiries and calls regarding benefit information and customer services issues will be handled by an identified “Customer Services” staff member.
 - B. Requests for mental health and/or co-occurring substance use services will be relayed to the responsible staff who will assist with making service determination decisions.
 - C. Requests regarding complaints, grievances, appeals and second opinion requests and privacy violations will be relayed to the KCMHSAS Office of Recipient Rights, Privacy Officer or Customer Services staff assigned to respond to specific issues. Within KCMHSAS, there is no “wrong door” for these concerns, if misdirected initially. Members will be re-directed to the most appropriate staff with minimal disruption.
- IV.** Telephone calls to the customer services unit within KCMHSAS shall be answered by a live voice during normal business hours and via voice mail after hours. KCMHSAS operates a publicized toll-free Customer Services specific telephone line. Office hours for Customer Services office is 8 am to 5 pm Monday-Friday. If callers to the CS line request contact outside of these hours, they are welcome to inform CS staff so that accommodations can be made. Customer Services calls will be returned within 1 (one) business day.
- V.** The *SWMBH Customer Services Handbook* is available to all new persons receiving KCMHSAS funded services. It is distributed upon admission to services of any network provider and will be available upon request at any time by contacting Customer Services offices within the KCMHSAS and/or from service provider offices. The *SWMBH Member Handbook* is also available for review via the SWMBH (<http://www.swmbh.org/index.php/member-events>) and KCMHSAS (<http://kazoocmh.org/OurPurpose/CustomerServices.aspx>) web sites.
- VI.** KCMHSAS will collect and report data as requested to the Customer Services and Quality committees of the SWMBH for Grievances and Appeals, Recipient Rights and other data as per SWMBH policy.
- VII.** Customer Services staff shall be trained and possess current knowledge in at least the following:

- A. Eligibility for various benefits (i.e., Medicaid, Healthy Michigan, MI Health Link, or ability to pay for GF-funded services).
- B. Service array, medical necessity requirements and eligibility for specialty services.
- C. Person-Centered Planning
- D. Self-Determination
- E. Grievance and Appeals, Fair Hearings, local dispute resolution processes and Recipient Rights.
- F. LEP and Cultural Competency
- G. Information and Referral within KCMHSAS, as well as outside to Medicaid Health Plans, FFS practitioners, DHS records, MRS, etc.
- H. Public Mental Health System (Mental Health Code, organization).
- I. Balanced Budget Act relative to the customer services functions and beneficiary rights and protections.
- J. Community resources (i.e., advocacy organizations)
- K. Mental Health Code and Confidentiality
- L. Public Health Code (for substance abuse treatment recipients)

REFERENCES

- MDCH/PIHP Contract, Part II, 6.3: Customer Services and Contract Attachment P.6.3.1.1: Customer Services
- [Southwest Michigan Behavioral Health Policy](#)
 - 6.1 (Customer Services Role and Delegation)
 - 6.2 (Community Benefit)
 - 6.6 (Customer Advisory Committee)
 - 6.7 (Customer Education and Marketing)
 - 6.8 (Enrollee Rights and Responsibilities)
 - 6.9 (Provider Network Changes)

EXHIBITS

- A. SWMBH Customer Services Handbook ([English](#), Spanish)