

Community Mental Health Partnership of Southeast Michigan/PIHP	Policy Customer Services Policy
Committee/Department: Customer Services Committee	Local Policy Number (if used)
Implementation Date 09/08/2023	Regional Approval Date 08/25/2023

Reviewed by:	Recommendation Date:
ROC	06/14/2023
CMH Board:	Approval Date:
Lenawee	07/27/2023
Livingston	07/25/2023
Monroe	07/27/2023
Washtenaw	08/25/2023

I. PURPOSE

To ensure satisfaction with services for consumers/individuals served and to enhance the relationship between consumers/individuals served and the community.

II. REVISION HISTORY

DATE	MODIFICATION
01/14/2009	
2013	Updated process to remove references to PRU and disbanded committees. Also included language on barrier free services.
2014	Revised to reflect the new regional entity
06/05/2015	Revised to include recommendations made by the External Quality Review (EQR) audit.
2017	Revised to reflect Medicaid Managed Care Regulations Final Rule 2016
08/12/2020	Revisions related to HSAG CAP on significant change timeframes
06/24/2022	Revisions related to HSAG Compliance review on
08/25/2023	Revisions related to HSAG Compliance review on record keeping, reference of new regional grievance procedure, updated consumer/individual served language, updated data/PI reporting.

III. APPLICATION

<input checked="" type="checkbox"/> CMHPSM PIHP Staff, Board Members, Interns & Volunteers
<input checked="" type="checkbox"/> Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:

<input checked="" type="checkbox"/> Mental Health / Intellectual or Developmental Disability Service Providers
<input checked="" type="checkbox"/> SUD Treatment Providers <input checked="" type="checkbox"/> SUD Prevention Providers
<input type="checkbox"/> Other as listed:

IV. POLICY

The focus of Customer Services includes problem prevention, removal of barriers to consumers/individuals served, grievance resolution, and advocacy for consumers/individuals served 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/individuals served, informs consumers/individuals served 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, intellectual/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.

CMHPSM Confidential Record of Consumer Treatment (CRCT) – the electronic health record used by the PIHP and CMHSP partners in the CMHPSM region.

Consumer/Individual Served – 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/individuals served, their service network, and their community. The Customer Services staff respond to any inquiries made by consumers/individuals served /potential consumer/individual served/family members/legal representatives/community members/staff and responds to grievances made by consumers/individuals served/legal representatives. Customer Services staff orient consumers/individuals served to the Service Network, provides information on benefits and availability of services, and assists consumers/individuals served 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/individual served.

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/individuals served, 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/individuals served.

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 consumer/individual served,
3. In the case of a deceased consumer/individual served, 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.

Mediation – a process wherein parties meet with an impartial and neutral person (mediator) that assists them in the negotiation of their differences. For the purposes of this policy, MDHHS has contracted with a specific entity to provide facilitative mediation when disagreements occur between a consumer/individual served/legal representative and the CMHSP/PIHP about the consumer/individual's services and supports. A mediator guides the parties through a confidential information-sharing and decision-making process, ensuring there is a power balance and that all parties have a voice. If a settlement is reached the mediator assists in writing an enforceable agreement created by the parties. A consumer/individual served/legal representative does not lose any due process rights (i.e., a grievance or an appeal) by participating in mediation.

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 state level reviews for Non-Medicaid local appeals that were not resolved at the local level through the Local Dispute Resolution Committee.

Medicaid State Fair Hearing – The state level process by which a consumer/individual served/their legal representative can request a hearing to MOAHR related to an adverse benefit determination of Medicaid covered services. This process may occur after the local appeal review has been exhausted and the

adverse benefit determination related to the local appeal has been upheld. A hearing may also be requested if a responsible entity of the CMHPSM did not uphold the notice and timing requirements noted in CFR 438.408.

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, intellectual/developmental disabilities, and substance use disorder needs.

Rights Complaint – A written or verbal statement by a consumer/individual served or anyone acting on behalf of a consumer/individual served 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/individuals served through the CMHPSM network panel.

Significant Change – expected and unexpected changes in services received by consumers/individuals served that dictate the need for consumers/individuals served/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/individuals served 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/individuals served with information on accessing services, service authorization, and the provider network, including providers who are accepting new consumers/individuals served. Additionally, provides information on how to access primary health and other community services.
- C.** Provide consumers/individuals served with information on the recipient rights protection processes and how to file a rights complaint.
- D.** Provide consumers/individuals served with information on other rights to which they are entitled, including freedom to exercise those rights without retaliation, harassment, or discrimination.
- E.** Help consumers/individuals served /applicants with problems and inquiries regarding benefits.
- F.** Oversee and assist consumers/individuals served /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/individuals served /applicants in accordance with the Culturally and Linguistically Relevant Services Policy at no charge to the consumer/individual served/legal representative.
- H.** Notify and ensure a consumer/individual served has 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/individual served. Ensure that consumers/individuals served are given an explanation of how to access these services or information.

- I. Ensure that all notices and written communication provided to consumers/individuals served /applicants (12-point font) are available in an easily understood format, including large print (minimum 18-point font) when needed.
- J. Ensure written materials for potential applicants/consumers/individuals served that are critical to obtaining services must also be made available in alternative formats upon request at no cost, that they include:
 - taglines in the prevalent non-English languages in Michigan,
 - are in a conspicuously visible font size
 - explain the availability of written translation or oral interpretation to understand the information provided,
 - provide information on how to request auxiliary aids and services, and
 - include the toll-free and TTY/TDY telephone number of the PIHP's member/customer service unit.
- K. Ensure that consumers/individuals served /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 CRCT Customer Service and Grievance system.
- L. Address needs or barriers related to cultural sensitivity, reasonable accommodation for consumers/individuals served 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/individuals served.
- O. Address the need for cultural sensitivity and reasonable accommodation for consumers/individuals served 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/individuals served 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/individuals served /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/individuals served /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/individuals served during normal business hours and assist consumers/individuals served on the first contact.
- U.** Clearly identify hours of operation.
- V.** Ensure facilitation of phone access from the consumer/individual served, 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 for a minimum of 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 information about mediation is available to consumers/individuals served /legal representatives and assist them in how to contact mediation services upon request.
- Y.** Include requests/referrals to mediations services in all inquiry and grievance data where applicable.
- Z.** Ensure that consumers/individuals served are notified of any Significant Changes within the required time frame of at least 30 days before the intended effective date of change and 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/individuals served. Such communication will include taglines for any potential language assistance needed.
- AA.** Ensure consumers/individuals served are given written notice of termination of a contracted provider to each consumer/individual served who received his or her primary care from, or was seen regularly by, the terminated provider. Notice must be provided by the later of 30 calendar days prior to the effective date of the termination, or 15 calendar days after receipt or issuance of the termination notice. Such communication will include taglines for any potential language assistance needed.
- BB.** Ensure that written notice will be provided to consumers/individuals served and guardians as applicable when a contracted provider's services are terminated for whatever reason.
- CC.** Assist consumers/individuals served in accessing transportation services needed for medically necessary services, including specialty services identified by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) guidelines.
- DD.** Inform consumers/individuals served of any Significant Change in providers or benefits.
- EE.** 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/individuals served and the CMHPSM. All consumers/individuals served 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.
- FF.** 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/individuals served, 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 language 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/individuals served 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 consumer/individual served 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 consumer/individuals' 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/individuals served. 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. DATA COLLECTION AND REPORTING

- A. All CMHSP Customer Services staff will collect and maintain data related to the experiences and satisfaction with services and supports in the CMH system of care through the follow means at minimum:
 - i. satisfaction surveys representative of all populations served
 - ii. feedback through focus groups, town halls, etc.
 - iii. grievance data
 - iv. general inquiry data
 - v. significant changes
- B. The Regional Customer Services Committee will review this data on a quarterly basis, including the reporting of this data to local Consumer Advisory Committees and Regional Consumer Advisory Committee for feedback and potential recommendations.
- C. Analysis of consumers'/individuals' experiences and satisfaction with services and supports shall include an annual assessment and report that includes at minimum:
 - i. All activities to assess member experience with services such as all member satisfaction surveys, focus groups, member interviews,

- feedback from the consumer advisory council, member grievances, appeals etc.
- ii. National surveys and how the PIHP compares to national benchmarks.
- iii. Identifying an area (or areas) of focus across all activities to target action steps and interventions to improve satisfaction.
- iv. An evaluation of the previous year's action steps and interventions to determine if they led to improved satisfaction.
- v. Challenges or barriers in achieving member satisfaction goals.
- vi. Year-to-year comparison of activity results. An area (or areas) of focus could be directed toward a year-to-year decrease in member satisfaction in a particular area.
- vii. Should the PIHP achieve and sustain its member satisfaction goals over a period of time, revise the mechanisms for assessing member experience, such as identifying new member satisfaction surveys or developing new satisfaction questions; revise sampling methodology; and initiate new activities to assess satisfaction.
- viii. Activities and findings specific to members receiving LTSS or home- and community-based services (HCBS).
- ix. National Core Indicators (NCI) survey results. While these results are not specific to PIHPs, the PIHP could use the results to identify and investigate areas of dissatisfaction and implement interventions for improvement.

- D. The Regional Customer Services Committee will report grievance data to the Regional CPT Committee, including trends related to:
 - i. Grievances per 1000 served
 - ii. Outcomes and types of interventions
 - iii. Specific needs or differences within consumer/individual served care populations, including identification of consumers/individuals served using Long Term Services and Supports (LTSS).
 - iv. Trends in quality-of-care provision over different locations/providers
 - v. Compliance with timeframes
 - vi. Compliance with documentation standards

- E. The CMHPSM will report customer services related data to the CMHPSM Board as the governing body, through reporting of the current CMHPSM Quality Assessment and Performance Improvement Plan (QAPIP) and QAPIP status reports, for board input and feedback on planned interventions.

Record Retention/Maintenance

- A. All CMHSP and CMHPSM staff will use the CMHPSM EHR Customer Service and Grievance Module for all documentation of grievance records, data, and the provision of grievance-related notices/ letters to consumers/individuals served and/or legal guardians.
- B. All CMHSP and CMHPSM staff will use the CMHPSM EHR Customer Service and Grievance Module for all documentation of inquiries and outcomes of inquiries.
- C. Grievance records must be retained for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.

VIII. EXHIBITS

- A. Procedures
- B. Significant Change Process Flowchart

IX. 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	
CMHPSM Procedure for Documentation of Grievances in the CRCT EHR Grievance Module	X	

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/individual served or the consumer/individual’s legal representative. If the consumer/individual served 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
Person Served 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	<ol style="list-style-type: none"> 1. Logs receipt of oral or written grievance and enters relevant information In CRCT Customer Service and Grievance system. 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/individual served/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/individual served/legal representative and includes taglines in this communication. Contacts consumer/individual served/legal representative by phone, if needed, to review the grievance. 4. Completes the data in the CMHPSM Customer Service and Grievance module and works with the appropriate staff and local/PIHP administrator(s) who were not involved in the initial determination that led to the grievance and who have the clinical expertise and the authority to recommend and implement any required corrective action. 5. Includes which staff were consulted about the grievance and determinations made in the documentation of the grievance. 6. 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 person served.
Assigned Administrator or Customer Services Staff	<ol style="list-style-type: none"> 1. Takes necessary action to ensure the grievance is resolved as expeditiously as the consumer/individual’s health condition requires, but no later than ninety (90) calendar days of the receipt of the grievance. Ensures 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/individual’s condition or disease are involved in review of the grievance. 3. While not a state or federal requirement, seeks to resolve grievances as soon as possible, and within 10 calendar days where possible.

	<p>However this internal standard agreed upon by the CMHPSM Customer Services staff is not required and only grievances not met within the state requirements will be considered out of compliance with required timeframes.</p> <ol style="list-style-type: none"> 4. Whether or not the disposition is in favor of the consumer/individual served, the grievance must be addressed within the required time frame. 5. If the grievance filed by a consumer/individual served with Medicaid and is not disposed of within ninety (90)calendar days, notifies the consumer/individual served/legal representative of applicable appeal rights. 6. Ensures the consumer/individual served, guardian or parent of a minor child receives written notification of the disposition within ninety (90) calendar days from the date of the request for a grievance. The notice of the disposition shall include: <ol style="list-style-type: none"> i. the results of the grievance process; ii. the date the grievance process was conducted; iii. the consumer/individual’s right to request a state-level fair hearing, if the notice is more than ninety (90) calendar days from the date of the request for a grievance; and iv. how to access the state level fair hearings process. 7. Extension of Grievances: Staff managing the grievance may extend the grievance resolution and notice timeframe by up to 14 calendar days if the consumer/individual served requests an extension, or if the PIHP/CMHSP/SUD provider documents that there is a need for additional information and how the delay is in the interest of the consumer/individual served. <ol style="list-style-type: none"> A. If an extension is needed, applicable staff must: <ol style="list-style-type: none"> i. Make reasonable efforts to give the consumer/individual served prompt oral notice of the delay; ii. Within 2 calendar days, give the consumer/individual served written notice of the reason for the decision to extend the timeframe and inform the consumer/individual served of their right to file a Grievance if they disagree with the decision; and iii. Resolve the Grievance as expeditiously as the consumer’s/individual’s health condition requires and not later than the date the extension expires. 8. Ensures taglines are included in grievance related letters. 9. Ensures the data in the CMHPSM EHR Customer Service and Grievance module is completed. 10. Provides quarterly grievance summary data to the CMHPSM Clinical Performance Team Committee as the oversight entity of the CMHPSM QAPIP, and to the Regional Customer Services Committee.
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> <ul style="list-style-type: none"> • A received rights complaint involves a grievance. • A grievance involves a legally protected right. • Follows ORR policies and procedures for a rights complaint when ORR staff determines that a grievance also involves a legally

	<p>protected right.</p> <ul style="list-style-type: none"> Refers any grievance portion of rights complaint to Customer Services department.
Regional Customer Services Committee/Customer Services Staff	<ol style="list-style-type: none"> Follows the CMHPSM Procedure for Documentation of Grievances in the CRCT EHR Grievance Module Maintains grievance report database in the CMHPSM EHR Customer Service and Grievance module. Reviews data on a quarterly basis and reports regional summary of grievance data to the CMHPSM Clinical Performance Team Committee. Identifies any trends from grievance data and makes recommendations to the CMHPSM Clinical Performance Team Committee

INQUIRIES

The inquiry process is used for contacts made to the Customer Services Department (via phone, mail, e-mail or in person) from consumers/individuals served, 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/individuals served.

WHO	DOES WHAT
Consumer/Individual Served, 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> <ol style="list-style-type: none"> Logs receipt of inquiry in CMHPSM EHR Customer Service and Grievance system. 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 CMHPSM EHR Customer Service and Grievance system. If a grievance, follows the grievance procedure above. Determines if contact is a suggestion that would be relevant feedback to provide to the PIHP via the Regional Clinical Performance Team Committee in the Customer Service Quarterly Report. 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. Ensures the Customer Service Form Letter is completed in CRCT. Maintains local Customer Service data in the CMHPSM EHR Customer Services and grievance system. Reports local data, including relevant suggestions to Regional Customer Services Committee and the local Consumer Advisory

	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/INDIVIDUALS OF SIGNIFICANT CHANGES

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

WHO	DOES WHAT
All Staff/Providers	Notifies Customer Services staff of potential or actual significant change.
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 consumers/individuals served are notified of any Significant Changes at least 30 days before the intended effective date of change, and that taglines are included with the communication. 3. Ensures appropriate Administrative Staff is informed of Significant Change. 4. Informs Chairperson of Regional Customer Services Committee of Significant Change. 5. Works with core team to determine impact of change including: 6. Whether change will have a local or regional impact. 7. Whether a local or regional process needs to be implemented.
Customer Services Staff	<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/individuals served 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/individuals served of Significant Change using parameters identified in Exhibit C. 2. Develops and executes a communication/public relations plan for staff and consumers/individuals served using parameters identified in Exhibit C 3. 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.

Process Flow to Notify Consumers/Individuals Served of Significant Changes

This process flow identifies standard parameters to be followed when developing and implementing a plan to notify consumers/individuals served/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/Individuals Served

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/individuals served need to be notified in writing within 15 days 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/individuals served 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/individuals served 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/individuals served)
 - 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)

Significant Change Notification of Identified Stakeholders

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

- e. Consumers/individuals/families/guardians
- f. Clinical/case management staff
- g. Customer Services Department (CMHSP and Regional Committee)
- h. Providers affected by the change
- i. Regional Network Management Committee
- j. Contract Holder in individual CMHSP
- k. Office of Recipient Rights
- l. Administrative/Fair Hearings Officer
- m. CMHPSM Regional Substance Use Disorder Services
- n. CMHSP's Finance Departments, Regional Finance Committee
- o. Regional Operations Committee
- p. Community Mental Health Service Provider (CMHSP) Administrative Teams
- q. Board (Regional, CMHSP Boards)
- r. Community (Association for Community Advocacy, Intermediate School District, etc.)
- s. Partners (i.e. National Alliance on Mental Illness, Friends of Developmentally Disabled, Michigan Rehabilitative Services, Association for Retarded Citizens, Housing Authorities)
- t. Reception and Clerical staff in the CMHSPs and CMHPSM
- u. MDHHS (when applicable)
- v. Consumer Advisory Committees (local & regional)

2. Minimum Standards for a Written Communication Plan (Specifically for Consumers/Individuals Served/Families)

- a. Impact Assessment - Make a thorough assessment of which consumers/individuals served and other identified stakeholders* will be affected by this change.
 - i. Is it all consumers/individuals we serve?
 - ii. Is it consumers/individuals served in a specific program/department?
 - iii. Is it consumers/individuals served who receive a particular service?
 - iv. Is it consumers/individuals served receiving service from a particular provider?
- b. Seek consumer/individual served involvement and feedback from consumers/individuals served before notice goes out if possible.
- c. Notify consumers/individuals served/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/individuals served/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/individuals served/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/individuals served/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/individuals served/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/individuals served/families can access in the letter.
 - iv. Make sure guardian gets copy if they are not in the same home as consumer/individual served;
 - 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/individuals served/families may need to explain the change, when possible.
 - vii. If information can't be included in the communication, then explain where consumers/individuals served/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, the web, multimedia information at different locations, etc.
 - i. General changes are changes that do not adversely affect consumers/individuals served.
 - ii. The timeframe would be longer, i.e. Advance Directives.

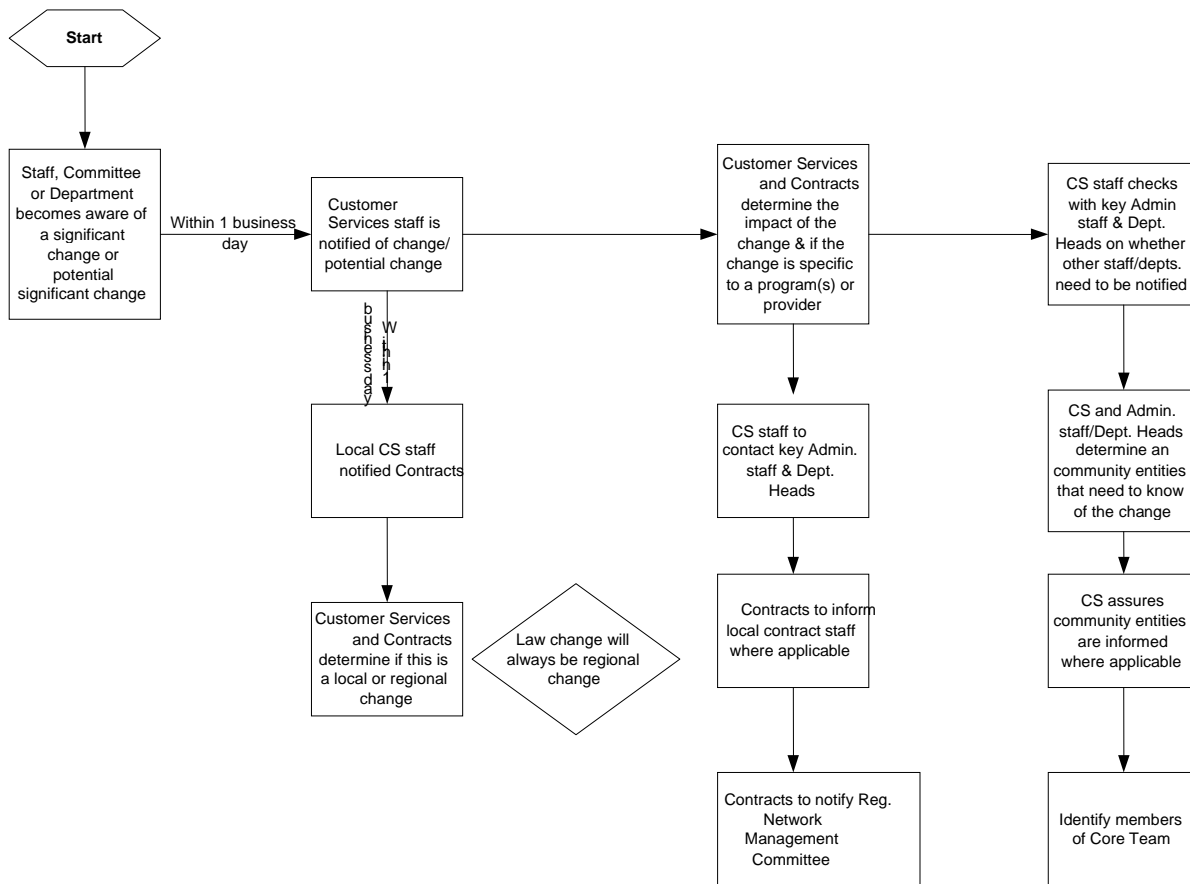
- g. Include any information (copies of documents) they may need to explain the change, when possible.

- h. Ensure taglines are included in the communication.

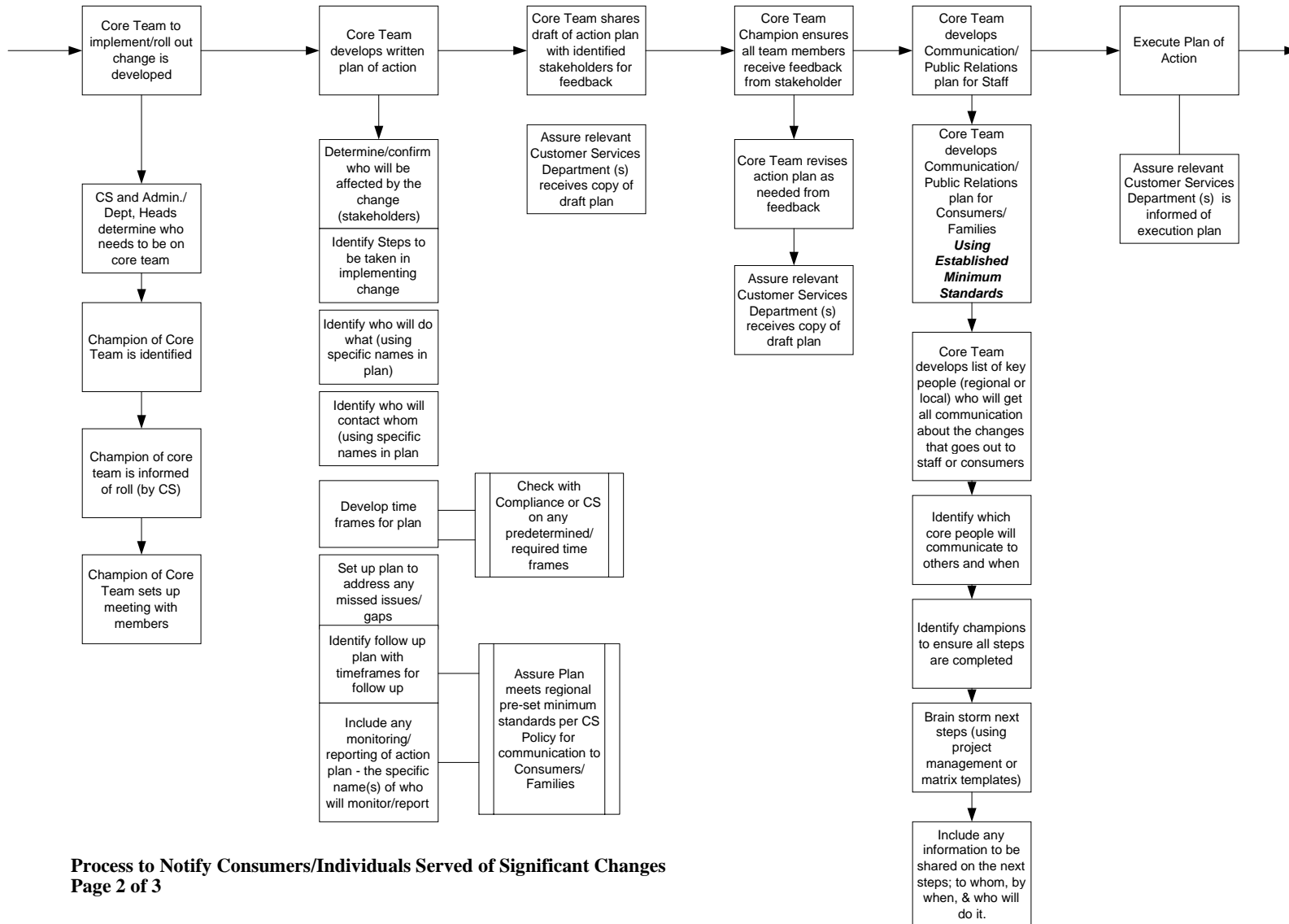
- i. Ensure follow up post letter is created and distributed.

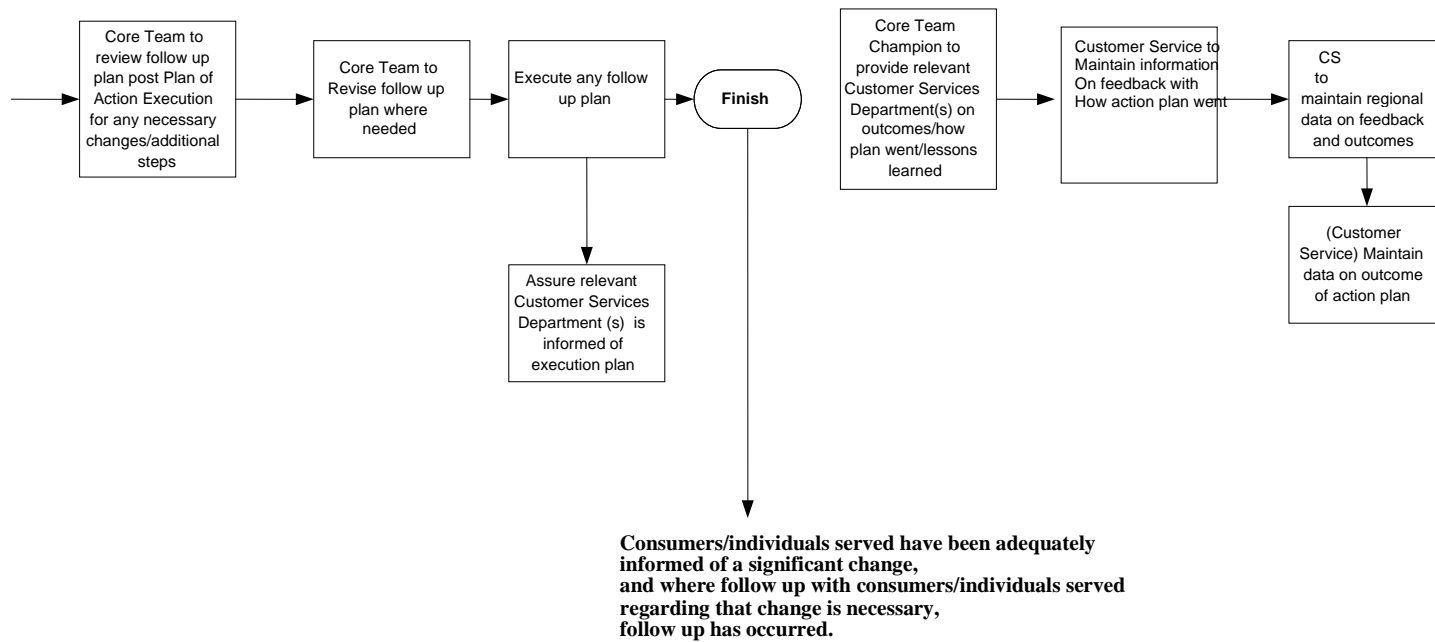
- j. Explain what we are doing about the change (our action plan) to the extent we can share this information.

* 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/individuals served/families occurred, but it could be used for other identified stakeholders when applicable.



**Process to Notify Consumers/Individuals Served of Significant Changes
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Process to Notify Consumers/Individuals served of Significant Changes
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Figure 1