



Customer Service Concepts

April 2020

Orientation Topics

- Customer Services – Roles and Responsibilities
- Access Process
- Person-Centered Planning
- Grievances Process
- Appeals Process
- Adverse Benefit Determination
- MI Health Link
- Advance Directives
- Limited English Proficiency
- Non-Discrimination/Taglines
- Customer Service Contacts



What is Customer Service?



Customer Service is a series of activities designed to enhance the level of Customer satisfaction- that is, the feeling that a product or service has met the customer expectation.

- Welcome and orient individuals to services, benefits available, and provider network
- Provide information on how to access mental health, primary health, and community services
- Provide information on how to access rights processes
- Assist individuals with problems and inquiries regarding benefits and services
- Assist individuals and oversee local grievance and appeal processes
- Track and report patterns of problem areas for the organization



Who Are Our Customers?

- Individuals Receiving Services
 - I/DD - Persons with Intellectual and Developmental Disabilities
 - MIA - Adults with Mental Illness
 - SED - Youth with Severe Emotional Disturbances
 - SUD - Persons with Co-occurring Substance Use Disorder
- Parents/Family members
- Staff members
- Contracted Providers
- Community members/stakeholders
- Everyone who walks through the door



A Welcoming Environment

Webster's definition: wel·come *verb* \ 'wel-kəm \

: to greet (someone) in a warm and friendly manner

: to receive or accept (something) with happiness or pleasure

- Provide empathy and acceptance
- Being mindful of body language, attitude, and words
 - Pay attention to how you are saying things
 - Make eye contact and smile
 - Actively listen
 - Be present. Give them your full attention
- Being helpful



Access/Intake Process

- Screen for eligibility
- Assessment to determine service needs
- Recommendations for service through Person-Centered Planning/Individual Plan of Service (PCP/IPOS)
- If denied eligibility, individuals will receive notification including 2nd Opinion rights and contact information for Customer Services
- Emergency services are available 24/7 **without** prior approval based on medical necessity and circumstances
- Not every person is eligible for every service

*Information on accessing services and array of services begins on page 10 of SWMBH Handbook.



Person-Centered Planning (PCP)

Planning

- PCP is a right (Michigan Mental Health Code)
- Who will attend?
- When will meeting be?
- Where will meeting be?
- Independent Facilitator?
- Accommodations?

*May request a new plan or addendum at any time

Meeting/Treatment Plan

- Hopes/Dreams
- Goal Development
- Medical Necessity
- Recommendations
 - Type of Service
 - Frequency of Service
 - Location of Service
 - Duration of Service
 - Choice of Providers/Self Determination



Person-Centered Planning (PCP)

- Are there limits on Person-centered planning?
 - Choices must not do harm to the individual or someone else
 - Choices must not be illegal
 - Services provided must be medically necessary
- Use Person-First Language
 - Emphasizes the person, not the disability
 - Objective way of communicating/reporting about disabilities
 - Eliminates stereotypes and generalizations
- Allow the individual to choose how they wish to be referred to



Person-First Language

INSTEAD of:

- She's mentally ill/disturbed.
- He's mentally retarded. He's slow.
- She's brain damaged.
- They are non-verbal.
- He's autistic.
- Handicapped parking, hotel room, etc.
- She's a schizophrenic.

SAY:

- She has a mental health diagnosis.
- He has an/a intellectual/cognitive disability.
- She has a brain injury.
- They communicate with their iPad.
- He has autism.
- Accessible parking, hotel room, etc.
- She was diagnosed with schizophrenia.



Grievances and Appeals



Grievances and Appeals

- **Recipient Rights Complaint** - when a customer or someone who knows them feels their Michigan Mental Health Code or Public Health Code, PA 368 protected rights have been violated.
 - RR Complaints are covered in depth in other local trainings. RR Complaints are directed to your local Office of Recipient Rights.
- **Appeal** – complaint regarding an “Action” taken regarding services or a request for services. Actions are denials, suspensions, reductions, or terminations. Appeals are directed to Customer Service.
- **Grievance** - complaint filed by customer regarding the quality of their services. Issues here are not considered Rights or Actions. Grievances are directed to Customer Services.



How do we inform Customers?

- At initiation/orientation to services
 - In SWMBH Handbook
 - In Recipient Rights booklets/brochures
- Annually
 - Handbooks/brochures
 - As documented in Plans of Service
- When/As information need arises
 - On Adverse Benefit Determinations
- When requested by customer/authorized representative
 - At point of contact with Customer Services or Recipient Rights offices
- Via posters/flyer in common areas of service sites

Grievance Examples

- Requesting a change in provider
- Problems with hours of operation
- Appointment availability concerns
- Telephone accessibility
- Conflict with an employee/staff
- Unhappy with choice of providers
- Wait time for scheduled appointment
- Disagreement about prescribed medications
- Getting billed by a provider



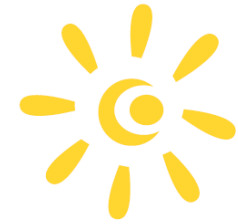
Grievance Process



- May be filed at any time by customer, guardian, parent of a minor, or an authorized representative
 - Providers can file on behalf only if there is written permission from the customer, guardian, or parent of a minor.
- May be filed by phone, in person, or in writing
- May be filed locally at CMHSP or regionally through SWMBH, depending on service type and insurance
- Person should be prepared to describe their situation and a recommendation for solution/what they would like to happen

*Note: even when “resolved” there may be times a grievance cannot be fully resolved to 100% satisfaction of the customer.

Grievance Processing



Mental Health for Medicaid or Healthy Michigan Plan (CMH)

- Local CMH will process and record Grievances
- Assist customer with filing grievance
- Response is due within 90 days or it can become an “action” which may be appealed.
- Ensure staff processing the grievance were not involved in the situation the grievance is about
- Customer Service will provide written resolution for each grievance
- Keep written records of grievances filed and resolved

MI Health Link (SWMBH)

- SWMBH processes and records all MI Health Link Grievances.
- Resolved within 30 days or it can become an “action” which may be appealed.

SUD Providers (SWMBH)

- SWMBH processes and records SUD Grievances for:
 - CMHs who are not sub-capitated
 - Other contracted SUD providers (Outpatient, Residential, Recovery Houses)

Appeals



Reason for Appeals



- Denial of requested service(s)
 - Current Customer
 - New Customer
- Limited authorization of requested service(s)
 - Less (in amount/scope/duration) than requested
- Reduction in current service(s)
- Suspension of current service(s)
- Termination of current service(s)
- Delay in providing authorized/approved service(s)
 - If over 14 calendar days from agreed upon start date
- Denied payment for a service NOT previously authorized
- Grievance or previous appeal not processed in the timeframe

Types of Appeals



- 2nd Opinions
 - 2nd Opinions for **denial of access** to services should follow standard or expedited Local Appeal timeframes based on presenting circumstances
 - 2nd Opinions for **denial of inpatient** should be completed within 3 days, excluding Sundays and legal holidays
- Local Appeal
 - Customers can file by contacting agency that made the determination.
 - File within 60 calendar days from the date of the Notice. File in 10 calendar days to have services continue unchanged during the appeal.
- Administrative Fair Hearing
 - Impartial state level review of a Medicaid customer's local appeal denial, presided over by an Administrative Law Judge.
 - Available only after a local appeal.
 - File within 120 days of local appeal resolution. File in 10 calendar days for continuation of benefits.
- MDHHS Alternative Dispute Resolution Process
 - Impartial state level review of a local appeal denial, presided over by MDHHS staff. This process is for customers without Medicaid.
 - Available only after a local appeal.
 - File within 10 days of the local appeal resolution.

Appeals

- An Appeal may be filed by the Customer, Legal guardian, Parent of a Minor or an Authorized Representative
 - An Authorized Representative is an individual given written permission to act on behalf of the Customer
 - Provider can file if they have status of Authorized Representative
- An Appeal may be filed over the phone, in person, or in writing
 - Oral Appeal must be followed up in writing unless it is expedited.
- Customers may request an expedited appeal – 72 actual hours
- Contact Customer Service for State Fair Hearing Request Form



Appeals Processing

Mental Health for Medicaid or Healthy Michigan Plan (CMH)

- Local CMH will process and record appeals
- Assist Customer to file appeal
- Issue appeal resolution within 30 days (72 hours for expedited)
- Assure that the appeal reviewer was not involved in initial decision to take the Action, nor a subordinate of such individual
- Assure that the clinical reviewer has the appropriate experience/credentials to make a determination about the service(s) in question

- Provide written resolution for each appeal filed
- Keep written records of appeals filed and resolved.

MI Health Link

- SWMBH processes and records all MI Health Link Appeals.

SUD Providers

- SWMBH processes and records SUD Appeals for:
 - CMHs who are not sub-capitated
 - Other contracted SUD providers (Outpatient, Residential, Recovery Houses)



Adverse Benefit Determination

Adequate Notice

- To deny payment for a service NOT previously authorized
 - Provided at the time of action to deny payment for service
- To deny or limit authorization for mental health or substance use services
 - 14 calendar days for standard decision to deny or limit service
 - 72 hours for expedited decision to deny or limit services
- Can be for initial service authorization or request for new service

Advanced Notice

- Actions taken against currently authorized services
 - Termination
 - Reduction
 - Suspension
- Provided 10 calendar days before intended action



Exceptions to Advanced Notice

- Factual information confirming customer death
- Clear, written and signed statement that customer no longer wishes to receive service(s)
- Customer was admitted to an institution such as jail/prison, State hospital or extended care facility where they are ineligible for service
- Customers whereabouts are unknown and the post office returns mail with no indication of a forwarding address
- Customer has moved out of the service coverage area
- Change in level of medical care is prescribed by customer's physician
- Notice involves adverse determination made regarding preadmission screening requirements
- Date of Action will occur in less than 10 calendar days.
- Facts (preferably verified by 2nd source) indicating possible fraud by the enrollee and that action should be taken (Advanced Notice may be 5 days)



Provide Notice of Adverse Benefit Determination

- All Adverse Benefit Determinations should be addressed/written to:
 - The Customer
 - Customer's Legal Guardian if applicable
 - Customer's parent if a minor child
- Whenever mailed, Notice should be sent to the last known address on file for the Customer, Legal Guardian or Parent



MI Health Link

- MI Health Link is a health care option for Michigan adults, ages 21 or over, who are enrolled in both Medicare and Medicaid, and live in the SWMBH Region
 - All covered Medicare/Medicaid behavioral health services through SWMBH and ICO (Aetna or Meridian), including prescriptions
 - No deductibles or copays when getting services from a provider or pharmacy in provider network for ICO
 - Members have a Care Coordinator who asks about health care needs/choices and helps create a personal care plan based on member goals
 - Care Coordinator will help members get what they need. They help answer questions and make sure that your health care issues get the attention they deserve
 - Members are able to address both medical as well as behavioral health issues at the same time
- Reminder: SWMBH documents Grievances and Appeals for all MI Health Link clients.



Advance Directives

Medical Care Advance Directives

Also referred to as Durable Power of Attorney for Health Care. This advance directive is a tool to outline healthcare decisions. Some of the decisions that can be made include, living wills, do not resuscitate (DNR) orders, or decisions about tissue or organ donation.

Psychiatric Advance Directives

Under Michigan law, adults have the right to establish a Psychiatric Advance Directive - also referred to as Durable Power of Attorney for Mental Health Care. This tool assists in making decisions before a mental health-related crisis occurs. It allows individuals to identify their preferred treatment in an crisis situation.



Advance Directives

- Ask participants if they have an Patient Advocate and encourage completion of Advance Directives. Document completion or lack of completion
- Provide written information about their rights regarding Advance Directives
- Request a copy of all current Advance Directives in place
- Advance Directives should be sent to all service providers, individuals named as Advocates, and any family members who could be involved in care decisions
- Customer Services can provide information and assistance to individuals who have questions about setting up an Advance Directive



Limited English Proficiency (LEP)

- "LEP" refers to an individual who cannot speak, read, write, or understand the English language at a level that permits him/her to communicate effectively with health care or social service providers.
- Agencies are responsible to:
 - Eliminate barriers to service, including language barriers
 - Ensure information given about services/benefits is understood
 - Ensure individuals are able to fully engage in services/benefits they are eligible for



Limited English Proficiency (LEP)

- “I Speak” and Non-discrimination posters at agency sites
- Identify need for language assistance in client record
- Availability of language assistance at No Cost to the individual
- Verbal or Written translation of vital documents as needed
- Tag-lines for requesting language assistance printed on educational materials
 - Top 15 languages – large documents
 - Top 2 languages – small documents



Customer Service Contacts

- Barry
 - Tina Williams
 - 269-948-8041
- Berrien/Riverwood
 - Charity Burton
 - 866-729-8716
- Branch/Pines
 - Kammy Ladd
 - 866-877-4636
- Calhoun/Summit Pointe
 - Dawn Nichols
 - 877-275-5887
- Cass/Woodlands
 - Ann Hart
 - 800-323-0335
- Kalamazoo
 - Teresa Lewis
 - 877-553-7160
- St. Joseph
 - Jessica Singer
 - 855-203-1730
- Van Buren
 - Sandy Thompson
 - 269-657-5574



Reference Materials

- www.disabilityisnatural.com
- Southwest Michigan Behavioral Health
 - Customer Handbook
 - Customer Service Policies (6.1-6.10)
- MDHHS PIHP Contract FY 2019
- Michigan Mental Health Code
- Code of Federal Regulations
- Wikipedia
- Webster's Dictionary





Thank-you

Member Services

5250 Lovers Lane, Suite 200

Portage, MI 49002

P: 1-800-890-3712

TTY: 711

F: 269-441-1234

info@swmbh.org

