BAY-ARENAC BEHAVIORAL HEALTH
POLICIES AND PROCEDURES MANUAL

Chapter: 3	**Member Rights and Responsibilities**		
Section: 8	**Customer Services**		
Topic: 3	**Customer Handbook**		
Page: 1 of 5	**Supersedes:** **Pol: 10-18-01** **Proc: 5-8-09, 2-1-06, 01-20** **10-18-01**	**Approval Date:** **Pol: 12-15-05** **Proc: 05-14-15**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to provide a consumer handbook inclusive of informational requirements for mental health services.

Purpose

This policy and procedure is established to ensure compliance with the Code of Federal Regulations 42 CFR 438.10, Michigan Department of Health and Human Services (MDHHS) Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program FY15, MDHHS/CMHSP Managed Mental Health Supports and Service Contract: FY16, and Mid-State Health Network (MSHN).

Applicability

☒ All BABHA Staff
☐ Selected BABHA Staff, as follows:
☐ All Contracted Providers: ☐ Policy Only ☐ Policy and Procedure
☒ Selected Contracted Providers, as follows: Primary Care Providers
☐ Policy Only ☒ Policy and Procedure
☐ Other:

Definitions

Individual/Individual served: Refers to those persons who are eligible to receive services as well as those currently receiving services, that person's authorized representative, their families, the legal representative of a deceased enrollee's estate and other referral sources.

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Procedure

1. Mid-State Health Network (MSHN), the Pre-Paid Inpatient Health Plan (PIHP) in which BABHA is a Community Mental Health Services Program (CMHSP), shall create, publish, and maintain a regional customer handbook ("Your Guide to Services", the majority which is uniform across all of the MSHN's CMHSP's. This core content includes at least the minimum state requirements and federal requirements, including the use of state mandated template language and/or topics; MSHN can opt to include other additions to enhance the customer handbook content. BABHA will create and maintain the ancillary local pages of this customer handbook which will be approved by MSHN and integrated within the MSHN core customer handbook. MSHN will follow MDHHS and/or Centers for Medicaid and Medicare (CMS) requirements for approval before implementation of updates of the customer handbook.

2. All individuals served and/or their legally responsible parties who have requested services are given a customer handbook at their initial intake appointment within the BABHA provider network. All individuals served will be offered a customer handbook on an annual basis and when there are significant changes. Further, individuals may request the BABHA Customer Handbook at any time by requesting such of the BABHA Customer Service Department or their assigned primary care coordinator. It will also be accessible on the BABHA website.

3. Any individual served, natural support, community member, or agency, including any external credentialing or payer agencies, may request and receive a copy of the customer handbook.

5. The customer handbook must include:

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a. MDHHS templates for:
- *Confidentiality and family access to information
- *Coordination of care
- *Emergency and after-hours access to services
- *Glossary
- *Grievance and appeal (including nine (9) elements, Medicaid fair hearings, MDHHS Alternative Dispute Resolution, local appeal, and grievance)
- *Language accessibility/accommodation
- *Payment for services
- *Person-Centered planning
- *Recipient rights
- *Recovery
- *Service array/service descriptions, eligibility, medical necessity, & choice of providers in network
- *Service authorization

b. Other MDHHS required topics without MDHHS required templates
- *Access process
- *Provider network, including provider names, addresses, phone numbers, Michigan Relay, website addresses, non-English languages spoken, acceptance of new consumers, and identification of executive director, medical director, recipient rights officer, and customer service coordinator.
- *Access to out-of-network services
- *Community resource list (and advocacy organizations)
- *Index
- *Right to information about MSHN operations (e.g. organizational chart, annual report)
- *Services not covered under contract
- *Welcome to MSHN
- *What is customer services and what it can do for the individual; hours of operation and process for obtaining customer assistance after hours?
- *Customer Service toll free number and Michigan Relay
- *Information on Medicaid Qualified Health Plans (QHP), Medicaid Fee-for-

Service, Healthy Michigan Qualified Health Plans, and Health Michigan Fee-for-Service and how to contact these entities
*Date of publication and revisions

c. Other MSHN chosen topics, such as authorization requirements, cost-sharing, etc.

6. MSHN will provide accommodations to the customer handbooks where required for customers where English is not their primary spoken language, or for impairments to visual, auditory, and/or literacy capabilities.

Attachments

N/A

Related Forms

N/A

Related Materials

BABHA "Your Guide to Services" (i.e. BABHA Customer Handbook)

References/Legal Authority

1. MDHHS Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver program FY15.
2. MDHHS/CMHSP Managed Mental Health Supports and Services Contract: FY16
3. Michigan Department of Community Health Mental Health Code, Revised 2001.
4. Appeal and Grievance Resolution Processes Technical Requirement, Revised July 2004.
5. Federal Register, Volume 3, No. 100, Part 438-Medicaid Managed Care Rule, Subpart A-General Provisions.
6. Mid-State Health Network (MSHN) Policy: Customer Services – Customer Handbook

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Submission Form

Approving Body/Committee/Supervisor:	Author/Reviewer:	Approval/Review Date:
Chris Pinter	Kim Cereske	5/8/09
Kim Cereske	Kim Cereske	7/14/10
Melissa Neering	Kim Cereske	5/14/15
Chris Pinter	Melissa Prusi	12/15/2015

Result:
Deletion ☐ New ☐ No Changes ☐ Replacement ☐ Revision ☒

List reason for deletion/replacement/revision here. If replacement, list policy to be replaced.
Per EQR requirements
Review only, specified services in policy statement, no changes to policy intent/procedures.
Remove PIHP language; Move from Chapter 11 Access Alliance of Michigan, Section 5 to Chapter 3 Member Rights and Responsibilities, Section 8, Topic 3
Reviewed – added title of customer handbook, "Your Guide to Services" and updated agency titles and acronyms.