

# BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

<b>Chapter: 3</b>	<b>Member Rights and Responsibilities</b>		
<b>Section: 8</b>	<b>Customer Services</b>		
<b>Topic: 1</b>	<b>Customer Services Structure and Operations</b>		
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## Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to provide customer services to all persons receiving mental health supports and services.

## Purpose

This policy and procedure is established to provide a centralized customer service operation that furnishes the following functions:

- Welcome and orient individuals to services and benefits available, and the provider network.
- Supply information about accessing the behavioral health, primary health, and other community services.
- Supply information about how to access the various rights processes.
- Assist individuals with problems and inquiries regarding benefits.
- Assist people with and oversee the complaint and grievance process.
- Track and report patterns of problem areas for the organization.

## Applicability

- All BABHA Staff  
 Selected BABHA Staff, as follows:  
 All Contracted Providers:    Policy Only    Policy and Procedure  
 Selected Contracted Providers, as follows:  
      Policy Only    Policy and Procedure  
      Policy Only    Policy and Procedure  
 Other:

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## Definitions

**Adverse Benefit Determination:** A decision that adversely impacts a Medicaid beneficiary's claim for services due to:

- Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- Reduction, suspension, or termination of a previously authorized service.
- Denial, in whole or in part, of payment for a service.
- Failure to make a standard authorization decision and provide notice about the decision within 14 calendar days from the date of receipt of a standard request for service.
- Failure to make an expedited authorization decision within 72 hours from the date of receipt of a request for expedited service authorization.
- Failure to provide services within 14 calendar days of the start date agreed upon during the person-centered planning and as authorized by the PIHP.
- Failure of the PIHP to act within 30 calendar days from the date of a request for a standard appeal.
- Failure of the PIHP to act within 72 hours from the date of a request for an expedited appeal.
- Failure of the PIHP to provide disposition and notice of a local grievance/complaint within 90 calendar days of the date of the request.

**Appeal:** A review of an adverse benefit determination.

**Grievance:** An expression of dissatisfaction not related to an action or Michigan Mental Health Code (MMHC) violation. All grievances can be directed to the BABHA toll free customer service number.

**Inquiry:** A request for information or assistance. All inquiries can be directed to the BABHA toll-free customer service number.

## Procedure

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1. BABHA will operate a department that provides customer services functions consisting of at least one (1) full time employee that serves all operations.
2. The BABHA Recipient Rights/Customer Service (RR/CS) Department will have a designated toll-free telephone number that is answered by a live voice. The BABHA RR/CS Department will have access to Michigan Relay for those with hearing impairments. These phone numbers will be displayed on agency brochures and public information materials. The hours of the RR/CS Department and the process for accessing information after-hours will be publicized in agency brochures and on the BABHA website. The RR/CS Department will respond to all calls and messages within one (1) business day.
3. The RR/CS Department’s hours of operation and the process for accessing information outside those hours shall be publicized. The RR/CS Department will operate minimally eight (8) hours daily, Monday through Friday, except for holidays.
4. The RR/CS Department’s customer handbook shall be the “Your Guide to Services” booklet with the accompanying “Local Choice Provider Directory” and shall contain the state-required topics.
5. The RR/CS Department shall have access to information about the PIHP including each CMHSP affiliate annual report, current organizational chart, CMHSP board member list, meeting schedule and minutes. Customer services will provide this information in a timely manner to individuals upon their requests.
6. The RR/CS Department will manage all complaints of dissatisfaction about any matter relative to treatment for Medicaid and non-Medicaid covered services except for those protections and rights described in Chapters 4, 4A, 7 and 7A of the MMHC or the suspicion or actual act of abuse and/or neglect. All suspicion or actual acts of abuse and/or neglect will be reported to the Department of Health & Human Services (DHHS) as required by law. BABHA has combined the Recipient Rights and Customer Services departments in order to provide comprehensive enrollee rights protection where there is “no wrong door” regarding complaints about their services/experiences. The RR/CS

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Manager and RR/CS Specialists are cross-trained to handle grievances, inquiries, appeals and Recipient Rights complaints.

- a. Some circumstances may require a dual investigation regarding a grievance and a Recipient Rights complaint. Under these circumstances, both Michigan Mental Health Code and Customer Services standards must be followed including timelines, acknowledgment letters, disposition letters, status letters, investigative reports, remedial action, summary reports, etc.
7. The BABHA RR/CS Department will handle all customer related correspondence regarding grievances, appeals, Medicaid Fair Hearings, and Michigan Department of Health and Human Services (MDHHS) Alternative Dispute Resolution process. BABHA utilizes a “no wrong door” practice. The RR/CS Department will link callers to appropriate parties in a welcoming manner if needed. The RR/CS Department allows individuals served, guardians, parents of minors, legal representatives, or providers to file appeals and grievances on behalf of a consumer; however, the RR/CS Department must verify with the individual or legally responsible party if he/she consents to proceed with the appeal/grievance. Confidentiality laws must be followed in this process.
  8. The RR/CS Department is responsible for the following:
    - a. Recording and investigating details of the grievance and appeal.
    - b. Working with BABHA direct operations and contract providers for prompt resolution of grievances. Ensure that the person involved in the grievance resolution process was not involved in the previous level of decision-making and ensure that person has the appropriate expertise in addressing the grievance issues (clinical if clinical in nature, financial if financial in nature, etc.).
    - c. Sending an Acknowledgement Letter within five (5) business days of receiving the initial grievance from the customer. All acknowledgement letters will contain:
      - The date the grievance was received.
      - The expected timeframe for resolution (within 90 calendar days).
      - Information on the option to file a Medicaid Fair Hearing if grievance is not resolved within the specified timeframe.
      - Who may file a Medicaid Fair Hearing on behalf of the individual served.

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- How to access accommodations to address language barriers or auditory impairments.
  - Who to contact for assistance or questions during the grievance process.
- d. Sending a Disposition Letter to the customer upon the conclusion of the investigation and determination of a resolution within 90 calendar days of the grievance being filed. Disposition letters will contain:
- The date the grievance was filed.
  - The date the grievance was resolved.
  - A summary of the grievance and the grievance resolution.
  - How to file a Medicaid Fair Hearing if the specified timeframe for grievance resolution is not met.
  - Who may file a Medicaid Fair Hearing on behalf of the individual served.
  - How to access accommodations to address language barriers or auditory impairments.
- e. All grievance investigation findings and recommendations are reviewed by a designated BABHA Administrator prior to implementation.
9. The RR/CS staff, with the assistance of the access center staff, will maintain:
- a. Up-to-date benefit information
  - b. Knowledge of all acceptable insurances and the authorization process per county board and contract providers.
  - c. Alternative community resources information
10. All Access staff and the RR/CS staff are responsible for the following:
- a. Providing an overview to customers regarding their appeal and grievance options.
  - b. Providing customers with information on available community resources.
  - c. Mailing benefit applications and/or resource materials as requested by customers.
  - d. Directing customers to appropriate Customer Service staff for the resolution of issues, filing of appeals or grievances.

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11. The RR/CS Department will establish performance standards for effectiveness and efficiency related to:
  - a. Management of notice/grievance/appeal process

Monitoring of these measures will occur on a regular basis as a part of the performance improvement system. This will include tracking and reporting of problem areas (see attachment for measures).

12. BABHA staff will provide the following information to individuals served and their legally responsible parties at their first appointment and any subsequent request:
  - a. Grievance and appeals options, including Medicaid Fair Hearing and MDHHS Alternative Dispute Resolutions.
  - b. BABHA “Your Guide to Services” Consumer Handbook
  - c. BABHA Local Provider Choice Directory including independent facilitator listing
  - d. Recipient Rights “Your Rights” Booklet
  - e. Advanced Directives in Michigan
  - f. Provider information (detailing hours of operation, services provided and how to access the services).
  
13. RR/CS staff member are trained to welcome people to the mental health system and to possess current working knowledge, or the ability to find the organization’s information, about the following in order to address inquiries:
  - a. The populations served (serious mental illness, serious emotional disturbance, and developmental disability) and eligibility criteria for various benefit plans, including Medicaid, Healthy Michigan and MI-Child.
  - b. Service array medical necessity requirements and eligibility for and referral to specialty services.
  - c. Person-Centered planning
  - d. Self-Determination
  - e. Recovery and Resiliency
  - f. Peer Specialists
  - g. Grievance and appeals, Fair Hearings, local dispute resolutions processes and Recipient Rights
  - h. Limited English Proficiency and cultural competency

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- i. Information and referral about Medicaid-covered services within BABHA as well as outside to Medicaid Health Plans, Fee-for-Service practitioners, and MDHHS
- j. The organization of the Public Mental Health System
- k. Balanced Budget Act relative to customer services’ functions and beneficiary rights and protections
- l. Community resources
- m. Public Health Code
- n. Information on PIHP structure, BABHA annual reports, PIHP/CMHSP organizational chart, CMHSP board member listing & meeting schedule/minutes.

**Attachments**

N/A

**Related Forms**

N/A

**Related Materials**

1. Grievance and Appeal Grid
2. Customer Services Performance standards
3. Customer Services and Office of Recipient Rights grievance management flow chart

**References/Legal Authority**

1. Federal Register, Volume 3, No 10, Part 438-Medicaid Managed Care Rules, Subpart A-General Provisions.
2. Medicaid Managed specialty Supports and Services concurrent 1915(b)/(c) Waiver Program FY17
3. Michigan Mental Health Code (Act 258 of the Public Acts of 1964 as amended) 2001.
4. Michigan Department of Health and Human Services/Community Mental Health Services Programs Managed Mental Health Supports and Services contract FY18

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<b>SUBMISSION FORM</b>				
<b>AUTHOR/ REVIEWER</b>	<b>APPROVING BODY/COMMITTEE/ SUPERVISOR</b>	<b>APPROVAL /REVIEW DATE</b>	<b>ACTION (Deletion, New, No Changes, Replacement or Revision)</b>	<b>REASON FOR ACTION - If replacement list policy to be replaced</b>
J. Steckley-Kim Cereske	Christopher Pinter	5/08/09	Revision	Remove PIHP language, Move from Chapter 11 Access Alliance of Michigan, Section 5 to Chapter 3 Member rights and Responsibilities, Section 8
Kim Cereske	Kim Cereske	7/14/10	Revision	Per EQR requirements
Kim Cereske	Melissa Neering	5/14/15	Revision	Reviewed only, amended policy statement to read “substance use disorder” instead of substance abuse, no change to policy intent
Melissa Prusi	Christopher Pinter	12/15/15	Revision	Policy review only-updated agency titles/acronyms
Melissa Prusi	Christopher	6/20/16	Revision	Triennial Review-Updated agency titles/acronyms. Added inquiry definition
Melissa Prusi	Christopher Pinter	05/10/2017	Revision	Updates on timelines, combination of departments, etc.
Melissa Prusi	Christopher Pinter	10/27/2017	Revision	Updates to reflect FY18 PIHP contract
Melissa Prusi	Christopher Pinter	06/15/2019	Revision	Annual review, minor changes.
Melissa Prusi	Christopher Pinter	10/1/2021	No changes	Triennial review-no changes