

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 3	Member Rights and Responsibilities		
Section: 8	Customer Services		
Topic: 2	Customer Orientation		
Page: 1 of 6	Supersedes: Pol: 10-18-01 Proc: 9-15-23, 1-25-2021, 4-5-10, 2-1-06, 01-20-04, 10-18-01 (Previously C11-S5-T1)	Approval Date: Pol: 12-15-05 Proc: 10-15-24	_____ <i>Board Chairperson Signature</i> _____ <i>Chief Executive Officer Signature</i>
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Policy

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

Purpose

This policy and procedure is established to ensure that customers and any other persons who are being re-admitted to services shall be oriented to all services and functions provided by the Mid-State Health Network (MSHN) Pre-Paid Inpatient Health Plan (PIHP) and BABHA [Community Mental Health Services Program \(CMHSP\)](#).

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
- BABHA's Affiliates: Policy Only Policy and Procedure
- Other:

Definitions

Customer or person served: Refers to those persons who are eligible to receive services as well as those currently receiving services, their families, and other referral sources.

Re-admitted Customer or person served: Refers to persons, their families, and other referral sources who received services in the past from the MSHN PIHP/BABHA CMHSP whose cases are currently closed to services, and who are now asking to receive services again.

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Procedure

For New and Re-admitted Customers

1. All customers who call the BABHA ~~Access~~/Emergency/Access Services Department to request services will be provided with an initial orientation process by Access staff providing a scripted verbal overview that reviews recipient rights, the complaint resolution process, grievance and appeal process, Medicaid fair hearing, second opinion requests, Person-Centered Planning and Self Determination. ~~(see attachment Customer Orientation Script).~~
2. All ~~customers~~ persons served deemed eligible for services through the (Mid-State Health Network) PIHP/BABHA CMHSP will become enrolled and directly linked to the appropriate provider or instructed on how to physically access services.
3. When the customer person served has ~~his/her~~ their initial appointment, the provider is responsible for continuing the orientation process. This includes reviewing and giving the customer the following:
 - a. “Your Guide to Services” MSHN Customer handbook-, which includes information on Mediation and Advanced Directives
 - b. Information regarding the mediation option available to recipients related to planning and providing services or supports to the recipient.
 - c. Local Choice Provider directory
 - d. Description of benefits
 - e. Information ~~on~~ about the Michigan Department of Health and Human Services (MDHHS) MAHS Medicaid Fair Hearing (for Medicaid recipients only)
 - f. Grievance and appeal process written description.
 - g. Recipient Rights “Your Rights” Handbook
 - h. Complaint Resolution process description
 - i. Fiscal policies as appropriate for Ability to Pay, Medicaid Spend down, and coordination of benefits.
 - j. Peer Assistance Program and Self Determination

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- k. Substance ~~abuse~~-Use Disorder handbook and equivalent, if applicable
 - l. Brochure on “Advanced Directives in Michigan”
 - m. Other useful items to support ~~customers~~them, including information regarding interpreters at no-cost to them.
4. All materials given to customers-persons served should be at a 6.9 grade reading level or as defined by the MDHHS contract and Federal Regulations. Authors of documents will be required to review the reading level of the documents. Authors can use the Flesch-Kincaid Readability Test, Gunning Fog Index, ARI or any other accessibility/readability tools.
5. Customers-Persons served will be provided the opportunity to receive written materials in alternative formats and access to non-English interpretive services free of charge. If needed, an explanation of their rights will be given in an understandable manner and document the alternative methods utilized and the name of the person who provided the explanation will be documented.

For Current ~~Customers~~Persons Served

- 1. The above information/materials (a-l) and the name and phone number of the Customer Services Representative will be made available in all provider locations.
- 2. Customers-Persons served will receive notification of any updates as they occur, upon request, and annually.

Evaluation

- 1. The customer’s-person’s served input is important. The effectiveness of the orientation program shall be determined via customer-feedback/ratings on the customer satisfaction surveys conducted by the PIHP and/or BABHA, in addition to tracking and evaluating customer complaints that are related to lack of orientation. ~~See attached policy regarding satisfaction surveys.~~

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Attachments

N/A

Related Forms

N/A

Related Materials

1. Customer Orientation Script - Access Center Welcoming Review
2. Customer Satisfaction Survey Policy and Procedure
3. Your Guide to Services Customer Service Handbook
4. Local Choice Provider Directory
5. Substance Abuse Customer Handbook, or equivalent
6. Advanced Directives in Michigan brochure
7. Your Rights Recipient Rights booklet

References/Legal Authority

1. MDHHS Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY 03-04.
2. MDHHS Mental Health Code, Revised 2001.
3. BABHA Policy and Procedure C11-S05-T03 – Your Guide to Services Customer Handbook
4. Federal Register, Volume 3, No. 10, Part 438- Medicaid Managed Care Rules, Subpart A- General Provisions.
5. Federal Register, Volume 3, No. 100, Part 438- Medicaid Managed Care Rules, Subpart C-Enrollee Rights and Protections.
6. -Act No. 55 Public Acts of 2020, Section 206(a) Mediation
7. -[MHC 1755 (5) (b); AR 7011

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REVISION

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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
Noreen Kulhanek	Christopher Pinter	4/5/10	Revision	Updated to incorporate re-admitted customers and comply with accreditation recommendation.
Kim Cereske	Kim Cereske	7/14/10	Revision	Policy review-updated language updated in policy statement, no change in policy intent/procedures
Kim Cereske	Kim Cereske	6/16/15	Revision	Reconfiguration of numbers and name change only. New number is 3-8-2 (old number was 11-5-2)
Melissa Prusi	Christopher Pinter	6/30/16	Revision	Triennial Review-Agency name updates, reference information name updates
Melissa Prusi		05/10/2017	Revision	Add Local Choice Provider Directory as "Related Material"
Melissa Prusi	Christopher Pinter	06/12/2019	Revision	Annual review – minor change
Melissa Prusi	Christopher Pinter	01/07/2020	Revision	Annual review – add mediation
Melissa Prusi	Christopher Pinter	01/25/2021	Revision	Include updates from MDHHS ORR Standards
Melissa Prusi	Christopher Pinter	10/1/2021	No changes	Triennial review-no changes
Melissa Prusi	Christopher Pinter	09/15/2023	Revision	Add DMC review CAP requirements
<u>Melissa Prusi</u>	<u>Christopher Pinter</u>	<u>10/15/2024</u>	<u>Revision</u>	<u>Triennial Review</u> -customer changed to "person served" and added interpreter information