




Section: <b>Customer Services</b>	Policy Name: <b>Roles &amp; Delegation</b>	Policy Number: <b>06.01</b>
Owner: <b>Customer Services Manager</b>	Reviewed By: <b>Sarah Ameter</b>	Total Pages: <b>6</b>
Required By: <input checked="" type="checkbox"/> <b>BBA</b> <input checked="" type="checkbox"/> <b>MDHHS</b> <input type="checkbox"/> <b>NCQA</b> <input type="checkbox"/> <b>Other (please specify):</b> _____	Final Approval By:  <small>Sarah Ameter (Sep 15, 2021 10:02 EDT)</small>	Date Approved: Sep 15, 2021
Application: <input checked="" type="checkbox"/> <b>SWMBH Staff/Ops</b> <input checked="" type="checkbox"/> <b>Participant CMHSPs</b> <input checked="" type="checkbox"/> <b>SUD Providers</b> <input checked="" type="checkbox"/> <b>MH/IDD Providers</b> <input type="checkbox"/> <b>Other (please specify):</b> _____	Line of Business: <input checked="" type="checkbox"/> <b>Medicaid</b> <input type="checkbox"/> <b>Other (please specify):</b> <input checked="" type="checkbox"/> <b>Healthy Michigan</b> <input checked="" type="checkbox"/> <b>SUD Block Grant</b> <input checked="" type="checkbox"/> <b>SUD Medicaid</b> <input type="checkbox"/> <b>MI Health Link</b>	Effective Date: <b>3/1/2015</b>

**Policy:** To ensure that a consistent and equitable process is used throughout the network, Southwest Michigan Behavioral Health (SWMBH) will require that the delegated entity adhere to the same standards and criteria as SWMBH. SWMBH will provide oversight and monitoring of the delegated activities.

**Purpose:** To ensure that Customer Services (CS) are promoted and provided according to the Michigan Department of Health and Human Services (MDHHS) contract requirements throughout the SWMBH service area/network.

**Scope:** Customer Services

**Responsibilities:** SWMBH Customer Service Department and delegated entities, as applicable, shall ensure compliance with the standards and guidelines outlined in this policy and guiding documents.

**Definitions:** None

**Standards and Guidelines:**

A. Customer Service Functions

1. Provide welcome and orientation to services and benefits available, and the provider network.
2. Provide information about how to access behavioral health, substance use disorder, primary health, and other community resources
3. Provide information about how to access the various Recipient Rights processes
4. Help individuals with problems and inquiries regarding benefits



5. Assist individuals with and oversee grievance (complaint) and appeal processes
6. Oversee local and regional grievance and appeal processes
7. Track and report patterns of problems for the organization

**B. Customer Service Standards**

1. There shall be a designated unit called "Customer Service."
2. There shall be at SWMBH, or Prepaid Inpatient Health Plan (PIHP), a minimum of one Full Time Equivalent (FTE) performing the customer services functions whether within the customer service unit or elsewhere within the PIHP. If the function is delegated, affiliate Community Mental Health Service Provider's (CMHSP), substance abuse coordinating agencies, and network providers, as applicable, shall have additional FTE's (or fractions thereof) as appropriate to sufficiently meet the needs of the people in the service area.
3. There shall be a designated toll-free customer services telephone line with access to alternative telephonic communication methods (such as Relays, TTY, emailing, etc.). The customer services numbers shall be displayed in agency brochures and public information material.
4. Telephone calls to the customer services unit shall be answered by a live voice during business hours. Telephone menus are not acceptable. A variety of alternatives may be employed to triage high volumes of calls as long as there is response to each call within one business day.
5. The hours of customer service unit operations and the process for accessing information from customer services outside those hours shall be publicized in the customer handbook and on SWMBH's website. It is expected that the customer services/unit or function will operate minimally eight hours daily, Monday through Friday, except for holidays.
6. SWMBH will ensure the customer handbook shall contain the state-required topics and follow the model member handbook templates. SWMBH will use the state developed notice forms (See MDHHS, Appeal and Grievance Resolution Processes Technical Requirement).
7. The Medicaid coverage name and the state's description of each service shall be printed in the customer handbook. The state's developed definitions for managed care terminology will be used within the handbook.
8. SWMBH will ensure that the handbook shall contain the date of publication and version number.
9. SWMBH will give customers notice of any change that the State defines as significant in the information specified in 42 CFR 438.10(g)(2) at least 30 days before the intended effective date. Significant is defined as any change that affects a beneficiary's Medicaid benefits, including but not limited to: Contractor contract information, authorization for services, covered benefits and co-pays.
  - a. SWMBH will obtain state approval in writing before publishing original and revised editions of the customer handbook.
  - b. SWMBH will provide supplemental materials to the handbook (inserts/stickers), as needed, to ensure compliance with contract requirements.
10. Organizations in the SWMBH network are required to distribute the most recent edition of the SWMBH handbook within a reasonable time after receiving notice of the customer's enrollment in services and annually thereafter or sooner if substantial revisions have been made. The handbook must also be posted on SWMBH and delegate CMHSP websites. The handbook serves a similar function as the summary of benefits and coverage described in 45 CFR 147.200(a). This handbook may be provided by:



- a. mailing a printed copy to the customer's mailing address,
  - b. emailed after obtaining the customer's agreement to receive information by email,
  - c. If the PIHP posts the information on the website and advises the customer in paper or electronic form that the information is available on the internet and includes the applicable internet web address, provided that persons with disabilities who cannot access the information online are provided auxiliary aids and services upon request at no cost, or
  - d. the information is provided by any other method that can reasonably be expected to result in the customer receiving the information.
11. Information about how to contact the Medicaid Health Plans or Medicaid fee-for-service programs in the PIHP service area, including plan or program name, locations, and telephone numbers, shall be provided in the handbook.
  12. SWMBH shall ensure that current listings are maintained of all providers, practitioners, organizations and any group affiliation with whom the PIHP has contracts, street address(es), telephone number(s), website URL (if appropriate), the services they provide, cultural and linguistic capabilities (if they have completed cultural competency training), any non-English languages they speak (including American Sign Language), any specialty for which they are known, whether the provider's office/facility has accommodations for people with physical disabilities, and whether they are accepting new customers. This list must include independent PCP facilitators. SWMBH must make this available in paper form upon request and electronic form such as the PIHP, CMHSP, or network provider's website as applicable. Customers shall be given this list annually unless the customer has expressly informed the PIHP that accessing the listing through an available website or customer services line is acceptable.
  13. The provider directory must be made available in paper form upon request and electronic form. The provider directory must be made available in a prominent, readily accessible location on the PIHP's website in a machine-readable format.
  14. Electronic provider directories must be updated no later than 30 days after SWMBH receives update provider information. Paper provider directories must be updated at least
    - a. Monthly if there is no mobile-enabled electronic directory;
    - b. Quarterly, if there is a mobile-enable electronic provider director available.
  15. Member information may not be provided electronically by SWMBH unless all of the following are met:
    - a. The format is readily accessible;
    - b. The information is placed in a location on SWMBH's website that is prominent and readily accessible;
    - c. The information is provided in an electronic form which can be electronically retained and printed;
    - d. The information is consistent with the content and language requirements of 42 CFR 438.10
    - e. The member is informed that the information is available in paper form without charge upon request and provides is upon request within 5 business days.
  16. Customer Services unit shall have access to information about the PIHP/CMHSP including each PIHP/CMHSP affiliate annual report, current organizational chart, PIHP/CMHSP board member list, meeting schedule and minutes. Customer Service's will provide this information in a timely manner to individuals upon their requests.



17. Upon request, the customer service unit shall assist beneficiaries with filing grievances and appeals, accessing local dispute resolution processes, and coordinating as appropriate with Fair Hearing Officers and the local Office of Recipient Rights.
18. Customer Service's staff shall be trained to welcome people to the public behavioral health system and to possess current working knowledge, or know where in the organization detailed information can be obtained, in at least the following:
  - a. \*The populations served (serious mental illness, serious emotional disturbance, developmental disability and substance use disorder) and eligibility criteria for various benefits plans (e.g., Medicaid, Healthy Michigan Plan, MI Child, MI Health Link)
  - b. \*Service array (including substance use services), medical necessity requirements, and eligibility for and referral to specialty services, including Indian Healthcare Providers (IHCP)
  - c. Person-Centered planning
  - d. Self-determination
  - e. Recovery and Resiliency
  - f. Peer Specialists
  - g. \*Grievance and appeals, Fair Hearings, local dispute resolution processes, and Recipient Rights. SWMBH and delegate CMHSPs must ensure that newly hired staff are trained in Recipient Rights within 30 days of hire.
  - h. Limited English Proficiency and cultural competency
  - i. \*Information and referral about Medicaid-covered services within the PIHP as well as outside to Medicaid Health Plans, Fee-for-Service practitioners, and Michigan Department of Health and Human Services
  - j. The organization of the Public Behavioral Health System
  - k. Customer services functions and beneficiary rights and protections in accordance with federal regulations.
  - l. Community resources (e.g., advocacy organizations, housing options, schools, public health agencies)
  - m. Public Health Code (for substance use treatment recipients if not delegated to the substance abuse coordinating agency), Mental Health Code, and Medicaid Provider Manual
  - n. Know which services are available directly in ASL and services that use an interpreter.

### C. Delegation

1. SWMBH delegates a portion of the responsibility for Customer Services roles/functions to CMHSPs who meet pre-delegation assessment standards. Provider entities do not have delegated managed care administrative functions.
  - a. Pre-delegation assessment/evaluation will be conducted with agencies by SWMBH. Evaluation will determine what CS functions an agency will be able to perform.
  - b. All Agencies with CS delegated function/ responsibilities will adhere to SWMBH policies that govern such delegated CS functions.
  - c. Performance of CS delegated functions will be monitored per SWMBH guidelines through a pre-delegation assessment and annual reviews.
  - d. If an agency is unable to fulfill CS functions as outlined in Delegation Agreements, a Plan of Correction will be provided to and reviewed by SWMBH for completeness by the agency.
  - e. Further corrective action and/or continued monitoring may be required of any delegate.



**References:**

- A. MDHHS/PIHP Contract: General Requirements, (B) Customer Service Standards and (L) Grievance and Appeals Process for Beneficiaries
- B. [MDHHS Appeal and Grievance Resolution Processes Technical Requirement](#)
- C. MDHHS Customer Services Standards
- D. Medicaid Managed Care Regulations: 42CFR 438.10

**Attachments:** None



**Revision History**

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	3/1/15	SWMBH		
2	4/24/15	SWMBH		
3	12/13/16	SWMBH		
4	1/10/17	SWMBH		
5	4/1/19	Standards and Guidelines: A1-4, B6, B9-13, B15, B15a, B15j, C1	Removed, Added, and Edited current language	Heather Woods
6	4/1/20	References; Standards and Guidelines: B13-17	Formatting updates, adding B13 based on Contract attachment P6.3.1	Heather Woods
7	6/25/21	References; Standards and Guidelines: B5-6, B8-10, B14-15, B17-18	Added clarifying language and content updates from MDHHS contract. Updated References.	Heather Woods
8	8/6/21	Standards and Guidelines: B3, B8, B10, B18n	Adding language from amendments to Contract MA 200000002103.	Heather Woods






# 06.01 Roles & Delegation

Final Audit Report

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