



## Customer Service Concepts

September 2021

# Orientation Topics

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- 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?

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- 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

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**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

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- 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 2<sup>nd</sup> 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)

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## 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)

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- 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

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## **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

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- **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?

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- 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

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- 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

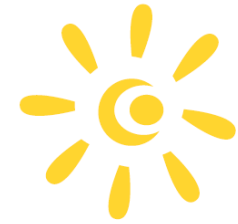
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- May be filed at any time by customer, guardian, parent of a minor, or an authorized representative
  - Providers can file on behalf only if there is written permission from the customer, guardian, or parent of a minor.
- May be filed by phone, in 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

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- 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
  - 2<sup>nd</sup> Opinions for **denial of access** to services should follow standard or expedited Local Appeal timeframes based on presenting circumstances
  - 2<sup>nd</sup> 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

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- 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

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## **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

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## 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

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- 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 2<sup>nd</sup> 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

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- 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

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- 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

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## 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

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- 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)

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- "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)

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- “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

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



# Reference Materials

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- [www.disabilityisnatural.com](http://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](mailto:info@swmbh.org)

