



<b>Policy Title:</b>	<b>Customer Services and Access Customer Service Department</b>
<b>Policy #:</b>	<b>02-002-0005</b>
<b>Effective Date:</b>	12/05/2024
<b>Approved by:</b>	Telly Delor, Chief Operating Officer
<b>Functional Area:</b>	Access and Customer Services
<b>Responsible Leader:</b>	Telly Delor, Chief Operating Officer
<b>Policy Owner:</b>	Joy Vittone, Corporate Compliance Supervisor
<b>Applies to:</b>	SCCCMH Staff, Direct Operated Programs, Network Providers, Contractors

**Purpose:** To provide guidance about expectations for providing customer service to all individuals across the life span, including older adults, with mild to moderate behavioral health needs.

### I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) as delegated by Region 10 Prepaid Inpatient Health Plan (PIHP) to provide customer services via the Access Customer Service Department for SCCCMH. Customer service functions shall comply with the contractual agreements and policies of PIHP, Michigan Department of Health Human Service (MDHHS) and SCCCMH. In addition, SCCCMH within other administrative departments, e.g., Quality Improvement-Data Management, Finance, Training, Corporate Compliance, Recipient Rights, etc., is committed to providing effective and efficient customer service to internal and external customers across the whole life span, including older adults.

### II. Standards

- A.** Customer service shall be an identifiable function of SCCCMH, that is provided by virtually all SCCCMH departments, e.g., Central Intake Unit (CIU), Finance, Quality Improvement Data Management, Information Technology, Contract Management, Training, Community Relations, etc., as part of the service delivery process. Following an individual's contact with the Access Customer Service Department, the Central Intake Unit is generally the first customer service experience at SCCCMH.

- B.** Customer Services shall focus on assisting individuals and ensuring customer satisfaction and include the following functions:
- Welcome and orient individuals to services and benefits available, and the provider network.
  - Provide information about how to access behavioral health, primary health, and other community services.
  - Provide information about how to access the various rights processes.
  - Help individuals with problems and inquiries regarding benefits.
  - Assist people with and oversee SCCCMH complaint and *grievance* processes.
  - Track and report opportunities for improvement.
- C.** Customer Services shall participate in an annual review by the PIHP and take any necessary corrective actions indicated by the PIHP.
- D.** The Access Customer Service Department will operate no less than eight hours daily, Monday through Friday, except for holidays. A toll-free number, answered by a live voice during business hours shall be available for customers to gain access to a Customer Service representative. A voice relay system (or other like accommodation) shall be available to individuals with hearing, voice, or speech, disabilities who need an assisted listening device.
- E.** The Access Customer Service Department shall maintain and provide to customers the Customer Handbook, which shall be available in paper form and on the SCCCMH and Region 10 PIHP websites. The Customer Handbook shall contain state-required topics including:
- Services with Medicaid coverage identified by official program name and service description
  - Contact information for each Medicaid Health Plan or Medicaid fee-for-service program in the Region 10 PIHP service area, including plan or program name, locations, and telephone numbers
  - The dates of publication and revisions.
- F.** SCCCMH shall maintain a current list of providers, both organizations and practitioners, within the SCCCMH network. The list shall include:
- Contact information and location of each provider (street address, telephone number, and website address)
  - The services provided
  - Cultural and linguistic capabilities, including American Sign Language
  - Any specialty for which they are known

- Description of accessible facilities
- Whether they are accepting new patients.

This list is made available in paper form upon request and at no charge and in electronic form on the SCCCMH website. Individuals and/or their representative shall be given this list annually, unless the individual has expressed that accessing the list through a website or Customer Services is acceptable. This list shall be made available to the Region 10 PIHP for its website in a machine-readable file and format. The paper provider directory is updated monthly, and the electronic provider directory updates are made within 30 calendar days of the PIHP receiving updated information.

- G.** The Access Customer Service Department and SCCCMH Customer Services shall have access to SCCCMH annual reports, a current organizational chart, and the SCCCMH board member list, meeting schedule, and minutes. This information will be provided within a timely manner to individuals upon their request and at no charge.
- H.** The Access Customer Service Department shall assist individuals served, or requesting services, with filing grievances and *appeals*, accessing local dispute resolutions processes and coordinating with Fair Hearing Officers and the Office of Recipient Rights. Such requests shall be handled in an effective and efficient manner and monitored for opportunities for improvement within the organization. The SCCCMH Assistant Division Directors are the individuals designated to manage Medicaid and non-Medicaid grievances and non-Medicaid local appeals for SCCCMH.
- I.** Access Customer Service staff shall be trained to possess current working knowledge of the public behavioral health system, and where to find detailed information for the following:
- The population served (individuals with Serious Mental Illness, Serious Emotional Disturbance, Intellectual Developmental Disability Co-Occurring Mental Illness, and Substance Use Disorder)
  - Benefit plans (Medicaid, Healthy Michigan, MIChild, etc.)
  - Service array, medical necessity requirements, and eligibility for and referral to specialty services
  - Person-Centered Planning
  - Self-determination
  - Recovery & Resiliency
  - Peer Specialists
  - Grievance and Appeal, Fair Hearings, Local Dispute Resolution process, and Recipient Rights

- Limited English Proficiency and Cultural Competency
- Information and referrals for Medicaid-covered services within the PIHP, and information and referrals to Medicaid Health Plans, Fee-for-service practitioners, and the Michigan Department of Health and Human Services
- The organizational structure of the public behavioral health system
- Balanced Budget Act relative to the customer service functions and beneficiary rights and protections
- Community resources (e.g., advocacy organizations, housing options, schools, public health agencies, etc.)
- Public Health Code (for individuals with substance use disorder treatment)

**J.** Access Customer Service and SCCCMH Customer Services staff are to:

- Be courteous and respectful in their interactions with all individuals.
- Address and proactively resolve any issues or complaints with the goal of satisfactory resolution.
- Provide rapid and immediate assistance.
- Provide culturally trained and sensitive/appropriate interactions.
- Interact with all individuals in a way that can be understood by the individual/family member.
- Inform individuals of developments in the ongoing operations of the Provider Network.

**K.** The SCCCMH Community Relations Department shall track customer service activities that indicate individual involvement and empowerment.

**III. Procedures, Definitions, and Other Resources**

**A. Procedures**

**Responsibilities**

Position	Responsibilities
All SCCCMH Staff	Assist individuals with obtaining information about internal and external services by directing them to the correct resources.
FIPA Tech	Assist individuals requesting intake to SCCCMH services.
Customer Services Staff, Program Directors, Recipient Rights	Assist individuals with filing complaints or grievances.

**Actions – Individual Requesting Intake to SCCCMH Services**

Action Number	Responsible Stakeholder	Details
1.0	Individual Requesting Services	1. Following Access Screening and referral to SCCCMH services, the individual is scheduled for an Intake with Central Intake Unit (CIU) staff.
2.0	FIPA Tech	2. Begin the Intake process, including: <ul style="list-style-type: none"> <li>a. Complete form <a href="#">#0003A Financial Information and Payment Agreement (Specialized Group Homes/Foster Homes, Inpatient &gt;60 Days)</a>, to determine ability to pay, including use of a sliding fee scale.</li> <li>b. Complete Medicaid application as necessary.</li> <li>c. Obtain various consents and releases of information as necessary for SUD only.</li> <li>d. Verify private insurance, makes a copy of insurance, and upload into their Oasis record as necessary.</li> </ul>
3.0	CIU Clinician (see <a href="#">Administrative Policy #02-001-0025, Central Intake Unit (CIU)</a> )	3. Continue the Intake process, including: <ul style="list-style-type: none"> <li>a. Review referral from Access, including the screening.</li> <li>b. Obtain various consents and releases of information as necessary.</li> <li>c. Complete OASIS demographic information.</li> <li>d. Requests additional paperwork as needed, i.e., guardianship papers, foster care cards, photo ID, insurance cards, etc.</li> <li>e. Complete the Biopsychosocial Assessment and other applicable assessments SAFE-T Protocol – with C-SSRS depending on the presenting symptomology (i.e., depression/trauma/anxiety/substance use, etc.).</li> <li>f. Conduct clinical screens/assessments as appropriate, i.e., LOCUS, CAFAS, PECFAS, etc.</li> <li>g. Provide appointment date/time for first service for eligible individuals.</li> <li>h. Give resource list, provide Access number (if requested), and send follow-up letter as applicable, to ineligible for services individuals.</li> </ul>

**Actions – Individual with a Grievance or Complaint**

Action Number	Responsible Stakeholder	Details
1.0	Customer Services Department Staff	1. Assist individuals requesting or receiving services with complaints or grievances. Refer person to applicable credentialed SCCCMH Grievance Manager (Services Directors or Office of Recipient Rights).
2.0	Services Directors	2. Document complaint in OASIS electronic Grievance Module following required timelines. (See <a href="#">Administrative Policy #02-001-0040, Grievance Process</a> , and <a href="#">Administrative Policy #02-001-0045, Appeal Process and Second Opinion</a> ).
3.0	Office of Recipient Rights	3. Implement the Recipient Rights Complaint process. (See <a href="#">Board Policy #05-001-0005, Recipient Rights</a> ).

**Actions – Customer Service to Individuals Receiving Services**

Action Number	Responsible Stakeholder	Details
1.0	Primary Caseholder	<ol style="list-style-type: none"> <li>1. Provide ongoing information and assistance to individual as requested.</li> <li>2. Initiate renewal of consents and releases as needed, minimally annually.</li> <li>3. Provide information to beneficiary annually as required in 42 CFR 438.10 (See <a href="#">Administrative Policy #05-001-0020, Enrollee Rights</a>).</li> </ol>

**Actions – Customer Service - General**

Action Number	Responsible Stakeholder	Details
1.0	Any SCCCMH or Network Provider Staff	<ol style="list-style-type: none"> <li>1. Offer to help individual locate the desired internal or external services.</li> <li>2. Follow through as applicable.</li> <li>3. Offer the individual an opportunity to complete a satisfaction or suggestion box survey.</li> </ol>

## B. Related Policies

[Administrative Policy #02-001-0040, Grievance Process](#)

[Administrative Policy #02-001-0045, Appeal Process and Second Opinion](#)

[Board Policy #05-001-0005, Recipient Rights](#)

[Administrative Policy #05-001-0020, Enrollee Rights](#)

## C. Definitions

1. *Appeal*: A request for a review of an action relative to a Medicaid covered service(s) (Non-Medicaid service reviews are called Local Dispute Resolution Process).
2. *Enrollee*: An individual who is receiving or may qualify to receive Medicaid services through the PIHP/SCCCMH provider network.
3. *Grievance*: An expression of dissatisfaction about SCCCMH or its provider network service issues. Possible subjects may include, but are not limited to, quality of care or services provided and aspects of interpersonal relationships between a service provider and the individual.

## D. Forms

[#0003A Financial Information and Payment Agreement \(Specialized Group Homes/Foster Homes, Inpatient >60 Days\)](#)

## E. Other Resources (i.e., training, secondary contact information, exhibits, etc.)

N/A

## F. References

1. 42 CFR 438.400 et al.

## IV. History

- Initial Approval Date: 0/2003
- Last Revision Date: 12/2024 BY: Joy Vittone
- Last Reviewed Date: 09/2023
- Non-Substantive Revisions: N/A
- Key Words: access, customer service, grievance, complaint, intake