



Origination:	05/2017
Effective:	04/2019
Last Approved:	04/2019
Last Revised:	04/2019
Next Review:	04/2020
Owner:	<i>Michele Vasconcellos: Director, Customer Service</i>
Policy Area:	<i>Customer Service</i>
References:	<i>MDHHS, MDHHS-EQR Standard VI, VIII, NCQA QI 12B, NCQA RR1, RR2, RR3, NCQA UM 12B, NCQA UM3</i>

Customer Service

POLICY

It is the policy of the Detroit Wayne County Mental Health Authority (DWMHA) to meet all state and federal regulations and contractual requirements regarding Customer Service as established for the Pre-Paid Inpatient Health Plan (PIHP). This is to apply to any entity which DWMHA has delegated the Customer Service function, including affiliate Community Mental Health Service Providers, Substance Use Service Providers, and the Access Center.

PURPOSE

To provide procedural and operational guidance on Customer Service functions to DWMHA, the Access Center, Crisis services vendor, and Service Providers. These functions are:

1. Welcome and orient individuals to services and benefits available, and to the provider network;
2. Provide information about how to access mental health, primary health, and other community services;
3. Provide information about how to access the various Recipient Rights processes;
4. Help individuals with problems and inquiries regarding benefits;
5. Assist people with and oversee local complaint and grievance processes;
6. Track and report patterns of problem areas for the organization;
7. Oversee and monitor all Customer Service functions provided by the Service Providers, health plans, their affiliates, and contracted entities doing business with DWMHA.
8. Assist people in making informed choices regarding their treatment, and when necessary, on how to make changes.

APPLICATION

1. The following groups are required to implement and adhere to this policy: All DWMHA Staff, Contractual Staff, Access Center, Service Providers, and Crisis services vendor.
2. This policy serves the following populations: Adults, Children, I/DD, SMI, SEI/SED, SUD, Autism
3. This policy impacts the following contracts/service lines: Medicaid, MI-HEALTH LINK, SUD, Autism,

STANDARDS

DWMHA's Customer Service unit shall assure that designated units are in full compliance with the state's mandated Customer Service Standards which include the following;

1. There shall be a designated unit called "Customer Service" unless contractually released from such function.
2. There shall be a minimum of one full-time employee (FTE) dedicated to Customer Service. Staffing ratios should adequately take into account the needs of the service area/network.
3. There shall be a designated toll-free Customer Service telephone line and access to a Teletypewriter (TTY) phone number. The numbers shall be displayed in DWMHA brochures and all other public information materials.
4. As required, DWMHA materials are compliant with all contractual, regulatory, and accreditation requirements in regards to reading level (at or below 4th-grade level), font, type size, format, and language. DWMHA will meet reasonable accommodations as required by the American with Disabilities Act (ADA), Limited English Proficiency (LEP), and Cultural Competency guidelines. These services are provided at no cost to the member.
 - a. The availability of vital written information in the prevalent non-English languages in the service area in accordance with the LEP guidelines, Center for Medicare and Medicaid Services (CMS) and/or DWMHA's contract with the Michigan Department of Health and Human Services (MDHHS). Materials will meet the most stringent guideline.
 - b. Upon request, DWMHA will provide materials in alternate formats to meet the needs of vision and/or hearing impaired members, including large font (at least 18 point font), Braille, oral interpretation service, ASL, audio and visual formats.
 - c. Translation services will be made available to the member, upon request.
 - d. Interpreter services and toll-free numbers that have adequate TTY and interpreter capability.
5. Telephone calls to and from the Customer Service Department:
 - a. Shall be answered by a live "Welcoming" voice during normal business hours. Telephone menus nor phone trees are acceptable.
 - b. Staff shall identify themselves by name, title, and organization.
 - c. Calls shall be answered within three (3) rings.
 - d. Calls that are placed on hold in excess of three (3) minutes must be offered an option to be called back.
 - e. Call back responses are to occur within one business day.
 - f. Crisis calls during normal business hours shall be transferred to the Crisis Information and Referral line without the caller having to re-dial.
6. Email Communications:
 - a. The Customer Service Call Center upon receipt of email inquiries shall respond within one business day of submission.
 - b. All email communication inquiries will be documented in MH-WIN.

- c. All email correspondence shall be reviewed by Customer Service management staff prior to forwarding of response.
 - d. All email inquiries shall be documented on the Email Communication Log capturing the following data:
 1. Receipt of Inquiry Date
 2. Type of Inquiry
 3. Response for Management Review
 4. Actual Response Date
 5. Analysis and recommendations to address applicable deficiencies
 - e. Email communication inquiries shall be reported in the Monthly Customer Service report for addressing trends, patterns, and plans of correction.
7. Email inquiries received through DWMHA's website (i.e. Rapid Response) are forwarded to the Customer Service Department by the IT Department within one business of receipt for review and follow-up.
 8. The Customer Service Department will answer member claim status inquiries upon receipt and provide one call resolution in relation to stage, amount paid, amount approved, the member's cost and amount paid.
 - a. After Hour Calls: Call received by the Access Center after normal business hours will be forwarded to DWMHA's Customer Service Manager for assignment and response within the next business day.
Calls received on a business day after midnight are answered on the same day.
 9. Walk-in requests for Customer Service must be handled in a welcoming and prompt manner. Those that require urgent and or emergent assistance are handled and provided the appropriate referral and intervention, i.e. clinical personnel consultation, crisis center, ambulance or police, etc.
 10. DWMHA operates a call center during normal business hours of 8:00 a.m. to 4:30 pm (Eastern Time). After normal business hours, all calls are transferred to DWMHA's Access Center which operates 24/7.
 11. The hours of the Customer Service Unit Operations and the process for assessing information from Customer Service outside of those hours shall be publicized.
 12. The [Member Handbook](#) is to be used by DWMHA and Service Providers for orienting consumers and is to be provided by DWMHA (See Attachments).
 13. The [Member Handbook](#) must contain the following (among other topics):
 - a. State, Federal, contractual, and accreditation required topics.
 - b. Date of publication and revisions.
 - c. Balanced Budget Act compliant consumer information relative to beneficiary rights, protections and grievance and appeals processes.
 - d. Medicaid Health Plan and the State's description of each service.
 - e. Affiliate CMHSP, or network provider names, addresses, phone numbers, TTYs, email, and web addresses.
 - f. Information on how to contact the Medicaid Health Plans or Medicaid fee-for-service programs in DWMHA's service area.

14. Customer Service units shall maintain current listings of providers, organizations, and practitioners, with whom DWMHA has contracts, the services they provide, languages they speak, and any specialty for which they are known. This list shall also include Independent Person Centered Planning facilitators and Certified Peer Support Specialists.
15. Consumers shall have access to information about DWMHA including CMHSP affiliate annual report, current organization chart, CMHSP board member list, meeting schedule and minutes that are available to be provided in a timely manner to an individual upon request.
16. Upon request, the Customer Service unit shall assist beneficiaries with grievance and appeals, local dispute resolution processes, and Medicaid Fair Hearings. The Customer Service unit will coordinate rights inquiries where appropriate with the Office of Recipient Rights.
17. All Customer Service staff shall be trained on Customer Service procedures within thirty (30) days of hire and annually thereafter. In addition, staff will be expected to attend continuous staff training.
18. Customer Service staff shall be trained to welcome and orient new members to the public mental health system and the rights, benefits, and services to which they are entitled.
19. Customer Service staff must have a current working knowledge, or know where in the organization detailed information can be obtained for the following:
 - a. The populations served (serious mental illness, serious emotional disturbance, intellectual developmental disability and substance use disorder) and eligible criteria for various benefits (e.g., Medicaid and MI Health Link [Medicare-Medicaid])
 - b. Benefits and service array (including substance use treatment services), medical necessity requirements, and eligibility criteria for and referral to specialty services
 - c. Person Centered Planning
 - d. Self-Determination
 - e. Recovery & Resiliency
 - f. Peer Support Specialists
 - g. Grievance and Appeals, Fair Hearings, Local Dispute Resolution processes and Recipient Rights
 - h. Limited English Proficiency and Cultural Competency
 - i. Information and referral about Medicaid covered services within the Medicaid Health Plans, Fee-for-Services Practitioners, and Department of Human Service
 - j. The organization of the Public Mental Health System
 - k. Balanced Budget Act relative to the Customer Service functions and beneficiary rights and protections
 - 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
 - n. Confidentiality and family access to information
 - o. Coordination of Care
 - p. Service Authorization
 - q. Rights Protections Processes

- r. Enrollee Rights
- s. Referral systems to assist individuals in accessing transportation services and necessary medical services including specialty services identified by Early Periodic Screening, Diagnosis, and Treatment (EPSDT)
- t. MDHHS Customer Service Standards

20. Customer Service staff must be proficient in the following areas:

- a. Welcoming and Gentle Treatment
- b. Conflict Resolution
- c. Consumer Advocacy
- d. Rights Protection, Grievance and Appeals processes
- e. Cultural Competency

21. Performance Measurements

- a. DWMHA, the Access Center, and Service Providers are to comply with all Customer Service standards, policies, protocols and monitoring procedures as dictated by DWMHA and its governing agencies.
- b. DWMHA will require the Access Center, and Service Providers to report on specific areas of Customer Service performance measurements to assure accountability, effectiveness, and efficiency, i.e.:
 - 1. Timeliness of new enrollees orientation
 - 2. Timeliness of forwarding Grievance Process Letters of Acknowledgment (LOA) to grievants
 - 3. Tracking of continuing education training of Customer Service staff
 - 4. Peer-to-Peer Education on Recovery, PCP, Self-Determination and Welcoming Environment
 - 5. Other performance measures as dictated by DWMHA
- c. The Access Center and Service Providers are expected to maintain a system for documenting, monitoring, tracking and reporting on applicable Customer Service encounter activities, i.e.:
 - 1. Customer Service calls
 - 2. Customer Service Walk-ins
 - 3. New member orientations
 - 4. New member orientation evaluations
 - 5. Grievances and Appeals
 - 6. Customer Service staff training
 - 7. Consumer Education Classes
 - 8. Estimate Cost of Services and Supports to DWMHA
 - 9. EOBs
 - 10. Rapid Response Inquiries
 - 11. [Claim Inquiries](#)
- d. DWMHA and Service Providers Customer Service Departments are expected to collect and tally the

aforementioned information and/or requested information monthly and submit the information to DWMHA's Customer Service Department.

- e. The Services Providers are expected to track and report monthly on Customer Service activity in their provider network utilizing applicable monitoring tools as dictated by DWMHA (See Revised Performance Activity Log).
- f. DWMHA's Customer Service Department will conduct scheduled site assessment reviews to assure compliance with Customer Service standards and policies and will provide timely feedback and guidance on corrective action measures (See Standard VI FY 15_16).
- g. DWMHA, Access Center, and Service Providers shall ensure a welcoming atmosphere, physical comfort and emotional safety for people served throughout its array of services and supports.

22. The Access Center and Service Providers are expected to develop their policies in alignment with DWMHA directives.

QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of Service Providers must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff and Service Providers are bound by all applicable local, State and Federal laws, rules, regulations and policies, all Federal waiver requirements, State and County contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. MDHHS and PIHP Customer Service [Member Handbook](#) Required Standards Topics, September 2006
2. MDHHS and CMHSP Managed Mental Health Supports and Services Contract: Attachment 3.1.1 (Access System Standards)
3. Michigan Department of Community Mental Health and Substance Abuse Services, MDHHS and PIHP Contract: Section 6.3.10F(4)10(f)6 (Information Requirements)
4. MDHHS and CMHSP Managed Specialty Supports and Services Concurrent 1916 (b)/(c) Waiver Program FY 17, Attachment P6.3.2.1B.ii (Explanation of Benefits)
5. MDHHS and CMHSP Managed Mental Health Supports and Services Contract: Attachment C 3.4.1.1 (Person Centered Planning)
6. Medicaid Managed Specialty Supports and Services Concurrent 1915(b) (c) Waiver Program C 3.4.4 (Self-Determination)
7. Federal Register No. 68., No. 153/Friday 1, August 8/2003/ Notices (LEP)
8. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 200d et. Seq.
9. Balanced Budget Act of 1997, (P.L. 105-33) 42 CFR 438.10 (Information Requirements), Code of Federal Regulations.

10. MDHHS, AFRR: Focusing a Partnership for Renewal and Recommitment to Quality and Community in the Michigan Public Mental Health System; Consultation Draft: October 3, 2008

RELATED POLICIES

1. Cultural Competency and Accommodations
2. Accommodations for Individuals with Communication Limitations and Impairments
3. Accommodations for Individuals with Visual and Mobility Impairments
4. Communication using the Teletype Deaf Device, Michigan Relay Services and other Communication Devices
5. Grievance and Appeals
6. Limited English Proficiency (LEP)
7. Early and Periodic Screening Diagnosis and Treatment (EPSDT)
8. New Member Orientation
9. [Rapid Response Procedure](#)

RELATED DEPARTMENTS

1. Claims Management
2. Customer Service
3. Information Technology
4. Managed Care Operations
5. Quality Improvement
6. Utilization Management

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

[2018 Member Handbook.docx](#)
[Claims Inquiry Data analysis FY form.docx](#)
[Customer Service Unit- Email Communication Log.docx](#)
[Customer Service Monthly Tracking Log.xls](#)
[Eval Tool Standard VI _Customer Service.docx](#)
[Member Claims Inquiry Status Log.docx](#)
[Rapid Response Procedure.pdf](#)

Approval Signatures

Approver

Date

Dana Lasenby: Chief Clinical Officer

04/2019

COPY

Member Claims Inquiry Data Results- Fiscal Year

Month 2019 Fiscal YR.	# of Claims Inquiry	# of Potential Member Claims Inquiry	Members Wanting Claim Status	Comments
Oct				
Nov.				
Dec.				
Jan.				
Feb.				
Mar.				
Apr.				
May				
Jun				
Jul.				
Aug.				
Sept.				
Total				

Customer Service Monthly Activity Performance Tracking Report

Provider:

Submitted by:

Month

	Activity	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
	CALLS												
<input type="checkbox"/>	# of Customer Service Calls												
<input type="checkbox"/>	# of Customer Service Calls <u>resolved within 24 Hours</u>												
<input type="checkbox"/>	Of total calls, the # transferred to the Wellplace												
	WALK-INS Defined as: # The number of people who walk in to a provider agency (any/all locations) and either as specifically for Customer Service or are referred by staff to meet with CS program/clinic inability to resolve complaint												
<input type="checkbox"/>	# of Customer Service Walk-In's												
<input type="checkbox"/>	# of Walk-In's referred to the Access Center												
<input type="checkbox"/>	Total number of walk-ins												
	NEW ENROLLEES												
<input type="checkbox"/>	Total # of new enrollee orientations completed												
<input type="checkbox"/>	Of total orientations, the <u># of evaluations submitted</u>												
	ESTIMATED COST OF SERVICES												
<input type="checkbox"/>	# of members advised to the estimated cost of services												
	GRIEVANCES and ADVERSE BENEFIT DETERMINATIONS												
<input type="checkbox"/>	# of Grievances received												
<input type="checkbox"/>	# of Grievances post 90 days												
<input type="checkbox"/>	# of Advance Notices of Adverse Benefit Determination												
<input type="checkbox"/>	# of Adequate Notices of Adverse Benefit Determinations												
	CUSTOMER SERVICE TRAININGS												
<input type="checkbox"/>	Total # of Customer Service Orientations												
<input type="checkbox"/>	Of total #, the <u># of new hire staff</u> who attended the orientations												
<input type="checkbox"/>	Of total #, the # of new hires <u>trained to perform Customer Service function</u>												



Detroit Wayne Mental Health Authority
2018-2019 Annual Review
Standard VI: Customer Service

Service Provider : _____ Date: _____ Reviewer: _____

Standard VI—Customer Service		
Requirement	Evidence as Submitted by the Service Provider	Score
1. Designated Unit <div style="text-align: right; font-size: small;">MDHHS Contract Part IIA-6.3 Attachment P6.3.1</div>		
a. The Service Provider has a designated unit called “Customer Services”, with a minimum of one full-time equivalent (FTE) performing the customer services function, within the customer services unit or designated area. <div style="text-align: right; font-size: small;">Attachment P6.3.1(1-2)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
Service Provider Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement		
DWMHA Findings		
2. Phone Access <div style="text-align: right; font-size: small;">Attachment P6.3.1</div>		
a. The Service Provider has a designated toll-free customer services telephone line and access to alternative telephonic communication methods (e.g., Relays, a TTY number, etc.). <div style="text-align: right; font-size: small;">Attachment P6.3.1(3)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. The customer services numbers are displayed in agency brochures and public information material.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Detroit Wayne Mental Health Authority
2018-2019 Annual Review
Standard VI: Customer Service

Service Provider : _____ Date: _____ Reviewer: _____

Standard VI—Customer Service		
Requirement	Evidence as Submitted by the Service Provider	Score
Attachment P6.3.1(3)		
c. The Service Provider ensures that the customer services telephone line is answered by a live voice during business hours. Telephone menus are not acceptable.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
Attachment P6.3.1(4)		
d. 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.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
Attachment P6.3.1(4)		
Service Provider Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement		
DWMHA Findings		
3. Hours of Operation		
Attachment P6.3.1		
a. The hours of customer service unit operations and the process for accessing information from customer services outside those hours shall be publicized.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
Attachment P6.3.1(5)		



Detroit Wayne Mental Health Authority
2018-2019 Annual Review
Standard VI: Customer Service

Service Provider : _____ Date: _____ Reviewer: _____

Standard VI—Customer Service		
Requirement	Evidence as Submitted by the Service Provider	Score
b. The customer services unit or function will operate minimally eight hours daily, Monday through Friday, except for holidays. <div style="text-align: right;">Attachment P6.3.1(5)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
Service Provider Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement		
DWMHA Findings		
4. Customer Handbook		
<div style="text-align: right;">42 CFR 438.10(g) Attachment P6.3.1</div>		
a. The customer handbook includes:		
i. The state-required topics (See P.6.3.1.1.A) including Templates #1-#12, other required contract topics, and all CFR requirements specified in 438.10(g) – refer to the Customer Handbook Checklist. <div style="text-align: right;">42 CFR438.10(g)(2) Attachment P6.3.1(6)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
ii. The Medicaid coverage name and the State’s description of each services. <div style="text-align: right;">Attachment P6.3.1(7)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Detroit Wayne Mental Health Authority
2018-2019 Annual Review
Standard VI: Customer Service

Service Provider : _____ Date: _____ Reviewer: _____

Standard VI—Customer Service		
Requirement	Evidence as Submitted by the Service Provider	Score
iii. The date of the publication and revision(s). <div style="text-align: right; font-size: small;">Attachment P6.3.1(8)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
iv. Information about how to contact the Medicaid Health Plans or Medicaid fee-for-service programs in the Service Provider service area, including plan or program name, locations, and telephone numbers. <div style="text-align: right; font-size: small;">Attachment P6.3.1(10)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. The Service Provider or delegate entity must provide each customer a customer handbook within a reasonable time after receiving notice of the beneficiary's enrollment. This may be provided by: <div style="text-align: right; font-size: small;">42 CFR 438.10(g) Attachment P6.3.1</div>		
i. Mailing a printed copy to the customer's mailing address. <div style="text-align: right; font-size: small;">42 CFR 438.10(g)(3)(i) Attachment P6.3.1(9)(a)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
ii. Emailed after obtaining the customer's agreement to receive information by email. <div style="text-align: right; font-size: small;">42 CFR 438.10(g)(3)(ii) Attachment P6.3.1(9)(b)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
iii. If the Service Provider posts the information on the website and advises the customer in paper or electronic form that the information is available on the internet provided that persons with disabilities who cannot access		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Detroit Wayne Mental Health Authority
2018-2019 Annual Review
Standard VI: Customer Service

Service Provider : _____ Date: _____ Reviewer: _____

Standard VI—Customer Service		
Requirement	Evidence as Submitted by the Service Provider	Score
<p>the information online are provided auxiliary aids and services upon request at no cost.</p> <p style="text-align: right;">42 CFR 438.10(g)(3)(iii) Attachment P6.3.1(9)(c)</p>		
Service Provider Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement		
DWMHA Findings		
5. Provider Listing		
<p style="text-align: right;">42 CFR 438.10(h) Attachment P6.3.1</p>		
<p>a. The Service Provider or delegate unit shall maintain a current listing of all providers, practitioners and organizations with whom the Service Provider has contracts – refer to the Provider Directory Checklist.</p> <p style="text-align: right;">42 CFR 438.10(h)(1)(i-viii) Attachment P6.3.1(11)</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>b. The Service Provider must make this available in paper form upon request and electronic form such as the , CMHSP, or network provider’s website as applicable.</p> <p style="text-align: right;">42 CFR 438.10(h)(1) Attachment P6.3.1(11)</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Detroit Wayne Mental Health Authority
2018-2019 Annual Review
Standard VI: Customer Service

Service Provider : _____ Date: _____ Reviewer: _____

Standard VI—Customer Service		
Requirement	Evidence as Submitted by the Service Provider	Score
c. Beneficiaries shall be given this list annually unless the beneficiary has expressly informed the Service Provider that accessing the listing through an available website or customer services line is acceptable. <div style="text-align: right; font-size: small;">Attachment P6.3.1(11)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
d. The provider directory must be made available in paper form upon request and electronic form. It must also be made available on the Service Provider’s website in a machine readable file and format. <div style="text-align: right; font-size: small;">42 CFR 438.10(h)(1,4) Attachment P6.3.1(12)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
e. The paper provider directory must be updated at least monthly and electronic provider directories must be updated no later than <u>30 calendar days</u> after the Service Provider receives updated provider information. <div style="text-align: right; font-size: small;">42 CFR 438.10(h)(3) Attachment P6.3.1(13)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
f. If the Service Provider provides information electronically, it must inform the customer that the information is available in paper form without charge and upon request and provides it upon request within <u>5 business days</u> . <div style="text-align: right; font-size: small;">Attachment P6.3.1(14)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
Service Provider Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement		



Detroit Wayne Mental Health Authority
2018-2019 Annual Review
Standard VI: Customer Service

Service Provider : _____ Date: _____ Reviewer: _____

Standard VI—Customer Service		
Requirement	Evidence as Submitted by the Service Provider	Score
DWMHA Findings		
6. Access to Information		
The customer services unit has access to information about the Service Provider, including:		
Attachment P6.3.1		
a. CMHSP affiliate annual report. Attachment P6.3.1(15)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. Current organizational chart. Attachment P6.3.1(15)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
c. CMHSP board member list. Attachment P6.3.1(15)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
d. Meeting schedule, and minutes. Attachment P6.3.1(15)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
e. Customer services provides this information in a timely manner to individuals upon their requests. Attachment P6.3.1(15)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Detroit Wayne Mental Health Authority
2018-2019 Annual Review
Standard VI: Customer Service

Service Provider : _____ Date: _____ Reviewer: _____

Standard VI—Customer Service		
Requirement	Evidence as Submitted by the Service Provider	Score
Service Provider Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement		
DWMHA Findings		
7. Assistance with Grievances and Appeals		
MDHHS Contract Part IIA-6.3 Attachment P6.3.1		
a. Upon request, the customer services unit assists beneficiaries with the grievance, appeals, and local dispute resolution processes and coordinates, as appropriate, with the Fair Hearing Officer and the local Office of Recipient Rights. Attachment P6.3.1(16)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
Service Provider Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement		
DWMHA Findings		
8. Training		
Customer services staff receives training to welcome people to the public mental health system and to possess current working		



Detroit Wayne Mental Health Authority
2018-2019 Annual Review
Standard VI: Customer Service

Service Provider : _____ Date: _____ Reviewer: _____

Standard VI—Customer Service		
Requirement	Evidence as Submitted by the Service Provider	Score
knowledge, or know where in the organization detailed information can be obtained, in at least the following areas: <div style="text-align: right;">Attachment P6.3.1</div>		
Working Knowledge About:		
a. The populations served (serious mental illness, serious emotional disturbance, developmental disability, and substance use disorder) and eligibility criteria for various benefit plans (e.g., Medicaid, Healthy Michigan Plan, MICHild). <div style="text-align: right;">Attachment P6.3.1(17)(a)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. Service array (including substance abuse treatment services), medical necessity requirements, and eligibility for and referral to specialty services. <div style="text-align: right;">Attachment P6.3.1(17)(b)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
c. Grievance and appeals, fair hearings, local dispute resolution processes, and recipient rights. <div style="text-align: right;">Attachment P6.3.1(17)(g)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
d. Information and referral about Medicaid-covered services within the Service Provider as well as outside to Medicaid health plans, fee-for-service practitioners, and the Department of Human Services. <div style="text-align: right;">Attachment P6.3.1(17)(i)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
Knowledge Where to Obtain Information About:		



Detroit Wayne Mental Health Authority
2018-2019 Annual Review
Standard VI: Customer Service

Service Provider : _____ Date: _____ Reviewer: _____

Standard VI—Customer Service		
Requirement	Evidence as Submitted by the Service Provider	Score
e. Person-centered planning. Attachment P6.3.1(17)(c)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
f. Self-determination. Attachment P6.3.1(17)(d)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
g. Recovery and resiliency. Attachment P6.3.1(17)(e)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
h. Peer specialists. Attachment P6.3.1(17)(f)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
i. Limited English proficiency and cultural competency. Attachment P6.3.1(17)(h)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
j. The organization of the public mental health system. Attachment P6.3.1(17)(j)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
k. Balanced Budget Act relative to the customer services functions and beneficiary rights and protections. Attachment P6.3.1(17)(k)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
l. Community resources (e.g., advocacy organizations, housing options, schools, public health agencies). Attachment P6.3.1(17)(l)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Detroit Wayne Mental Health Authority
2018-2019 Annual Review
Standard VI: Customer Service

Service Provider : _____ Date: _____ Reviewer: _____

Standard VI—Customer Service		
Requirement	Evidence as Submitted by the Service Provider	Score
m. Public Health Code (for substance abuse treatment recipients if not delegated to the Service Provider). Attachment P6.3.1(17)(m)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
Service Provider Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement		
DWMHA Findings		

Deleted: _____

Results—Standard VI						
Met	=		X	1.0	=	
Not Met	=		X	.00	=	
Not Applicable	=				=	
Total Applicable	=		Total Score		=	
Total Score ÷ Total Applicable =						



Origination:	01/2017
Effective:	01/2019
Last Approved:	01/2019
Last Revised:	01/2017
Next Review:	01/2020
Owner:	Bonnie Herndon
Policy Area:	Customer Service
References:	

Rapid Response

PROCEDURE PURPOSE

It is the policy of the Detroit Wayne Mental Health Authority (DWMHA) to assure that DWMHA website email inquiries are answered by the appropriate unit efficiently and accurately.

EXPECTED OUTCOME

Processing the websites emails in a timely manner.

PROCEDURE

Website Email inquiries are forwarded to the Customer Service Department by the IT Department upon receipt.

1. The Customer Service Unit receives inquires and or comments from DWMHA members or the public. The comments/ inquiries are read by designated Customer Service Staff.
2. Upon receipt of the comment or inquiry, the Customer Service Representative has 24 hours to forward the comment or inquiry to the appropriate department for follow-up.
3. The correspondence is then forwarded to the appropriate department's assigned representative to respond to the email messages.
4. The assigned representative responds to the comment, then copies the appropriate staff representative within the Customer Service Unit so that the contact can be logged in the transaction as completed.

It is our goal to send out timely responses, which shows respect to the sender, highlight the efficiency of the Authority's staff, and stay attuned to the members' needs.

REPORTING ELEMENTS:

- Number of emails received
- Number of recorded responses
- Department that have not responded to the email request

Note:

- Recorded responses are emails that were answered and copied to appropriate staff person in Customer Service.

- Non-recorded responses are emails that have been sent to the designated department but never received a response back to the Customer Service Department that the email was addressed.
- Department no record of response- no response was sent or Customer Service was not copied on the response.

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	Bonnie Herndon
Department:	Customer Service
Frequency of monitoring:	Daily
Reporting provided to:	Michele Vasconcellos

Attachments:

No Attachments

Approval Signatures

Approver	Date
Michele Vasconcellos: Director, Customer Service	01/2019
bonnie Herndon	12/2018

COPY