

# HEALTHWEST

## Policy and Procedure

No. 11-005

Prepared by:  
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Effective: April 5, 2006  
Revised: August 20, 2018

Approved by:

Subject: Agency Standards of  
Customer Service

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Julia Rupp, Executive Director

### I. POLICY:

HealthWest will provide a method for responding to service inquiries, system, or general information requests, grievances, concerns and/or inquiries from individuals seeking services.

### II. PURPOSE:

To ensure ongoing efforts are made by HealthWest to enhance and improve relationships among the community, individuals receiving services, and other interested parties through effective and efficient customer service operations, as well as establish Agency standards of service, image, and demeanor to benefit individuals receiving HealthWest services, providers, employees, and community members.

### III. APPLICATION:

This policy and procedure applies to all employees of and individuals served by HealthWest.

### IV. DEFINITIONS:

- A. Customer: Used broadly in the HealthWest system to describe a variety of stakeholders, including former, current, and potential persons served and their families; HealthWest staff; vendors; community partners; and network providers.
- B. Adverse Benefit Determination: A decision that adversely impacts a Medicaid beneficiary's claim for services
- C. Appeal: A review of an adverse benefit determination.
- D. Beneficiary: An individual who is eligible for and enrolled in the Medicaid program.
- E. State Fair Hearing: A state level review of beneficiaries' disagreements with CMHSP, or PIHP denial, reduction, suspension or termination of Medicaid services. State

administrative law judges who are independent of the Michigan Department of Health and Human Services perform the reviews.

- F. Grievance: Expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect beneficiary's rights regardless of whether remedial action is requested. Grievance includes a beneficiary's right to dispute an extension of time proposed by the PIHP to make an authorization decision.
- G. Inquiry: A contact made to Customer Services at LRE or CMHSP by a consumer, guardian, family member or friend, provider, or anyone in the community seeking information and/or assistance. Inquiries can include, but are not limited to, requests for information about benefits, services, providers, transportation, and available community resources.
- H. Recipient Rights Complaint: Written or verbal statement by a consumer, or anyone acting on behalf of the consumer, alleging a violation of a Michigan Mental Health Code protected right cited in Chapter 7, which is resolved through the processes established in Chapter 7A.

V. PROCEDURE:

- A. Customer Services shall be a designated unit at HealthWest with the following functions:
  - 1. Welcome and orient individuals to HealthWest services and benefits available, and 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. Have access to information about the agency including the Annual Report, current organizational chart, Board member list, meeting schedule and minutes, etc., and provide this information in a timely manner to individuals upon their request.
  - 6. Assist individuals, upon request, with resolving complaints and with filing grievances and appeals, accessing the local dispute resolution processes, and coordinating with the Lakeshore Regional Entity, designated Fair Hearing Officers and the local Office of Recipient Rights, as appropriate and needed.
  - 7. Collaborate with other departments at HealthWest, particularly the Quality Improvement department, to respond to feedback from persons served and implement changes to address customer services issues, potential gaps in service, and to ensure a high quality of care.

B. The Customer Services staff shall be trained to welcome people into the public behavioral health system and to possess current working knowledge, or know where detailed information can be obtained, in at least the following areas:

1. 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, Adult Benefit Waiver, MI Child).
2. Service array (including substance abuse treatment services), medical necessity requirements, and eligibility for and referral to specialty services.
3. Person-Centered Planning.
4. Self-Determination.
5. Recovery and Resiliency.
6. Peer Support Specialists.
7. Grievance and appeals, Fair Hearings, and local dispute resolution processes (Policy 04-023), and Recipient Rights processes (04-022).
8. Available accommodations
9. Limited English Proficiency and cultural competency.
10. Information and referral about Medicaid-covered services within the PIHP as well as outside to Medicaid Health Plans, Fee-for-Service practitioners and the Michigan Department of Health and Human Services.
11. The organization of the Public Mental Health system.
12. Balanced Budget Act requirements relative to the customer services function and member rights and protections.
13. Community resources (e.g., advocacy organizations, housing options, schools, public health agencies).
14. Michigan Public Health Code.

C. Staff Identification

1. All HealthWest employees will wear prominently displayed, agency issued, identification that includes a picture, first and last name. These will be worn while in HealthWest buildings.
2. The identification will not be obscured by jackets, vests, jewelry, or any similar item.

3. If the badge is lost or stolen, it will be reported to Human Resources staff and will be replaced as soon as possible. When an employee terminates employment with HealthWest, the identification badge will be relinquished.
4. Supervisors may excuse an employee from wearing identification when staff or consumer safety might be compromised or in places where customers might object to being accompanied by an identified HealthWest staff.

D. Appropriate Professional Attire

1. The dress code of HealthWest is best described as "**Smart casual**". While performing their work duties, staff are to present a clean and neat appearance. HealthWest does not maintain a list of prohibited clothing, but expects respectfulness, thoughtfulness, and good judgment in regard to one's appearance.
2. Staff should strive to assure that their appearance is never offensive to co-workers or those we serve, and to exercise cultural sensitivity and understanding.
3. This HealthWest Dress Code Policy is purposely vague yet holds each individual responsible to **use good judgment**. Since there are wide variances in job duties, unit supervisors have the authority to create specific dress standards for their units.
4. Unit supervisors will address any concerns about individual staff appearance with that staff member. Employees who report for work with what is deemed to be a questionable appearance will be asked to return home to make an appropriate change in their attire.

E. Demeanor and Attitude

HealthWest employees will, at all times, demonstrate a cooperative and respectful attitude. Interactions with consumers, family members, colleagues, and community members will meet or exceed the "welcoming and customer satisfaction" standard as described in the Code of Ethics, Values Statement and Guiding Behaviors, and the agency Cultural Competency Plan.

REFERENCES:

Policy No. 04-022 Complaint Process and Appeals Process  
Policy No. 04-023 Grievances and Dispute Resolution  
Policy No. 11-006 Assuring Appropriate Accommodations  
MDHHS Contract Attachment P.6.3.1 – Customer Services Standards  
MDHHS Grievance and Appeal Technical Requirement/PIHP Grievance System for Medicaid Beneficiaries, P.6.3.1.1.  
Michigan Mental Health Code, Chapter 7A  
42 CFR 438.10

MP/ab



## Experience of Care survey Follow-up Request Form

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

**From:** \_\_\_\_\_

Attached for your review is a completed Experience of Care survey with comments / issues for you to review and provide follow-up.

**Please complete this form and return to Customer Services by \_\_\_\_\_.**

Thank you for your attention to this matter.

**Mark (X): All that apply**

|  |  |
|--|--|
|  | Discussed issues with staff                                    |
|  | Discussed issues with survey respondent                        |
|  | Discussed issues with Management / Administration              |
|  | Review of current process/practices–looked for areas to change |
|  | Set-up project team to review and make recommendations         |
|  | No action needed–Continue to monitor                           |
|  | Other (Please Specify):  |

Additional Comments:

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Signature

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Date