



## 06.01 OPERATING POLICY & PROCEDURE

Subject: <b>Customer Services</b>		Application: <b>All Departments</b>
First Effective 1/01/01	Revised 4/6/2022	Review 2/13/2023

### PURPOSE

To ensure that processes are in place that increase customer awareness of Pivotal network providers and plan benefits. Awareness mechanisms must address the service needs of the broadest scope of beneficiaries and range from informing them of their plan benefits/service options, promoting their participation and satisfaction with services, offering effective problem solving opportunities and providing a grievance and appeals mechanism.

### POLICY

The following principles are the foundation for creating a welcoming environment in all areas of the organization:

- A. We believe in the full potential of all persons to live lives of recovery and self-determination, regardless of their life circumstances and challenges. Individuals seeking services have strengths and abilities, and will be treated with dignity, respect and an expectation of hope.
- B. We recognize diversity as a source of strength and vitality, and are committed to cultural competency in our interactions with others.
- C. We expect that all staff provide excellent service and respond to any concern or inquiries in a prompt helpful and courteous manner.

### PROCEDURE

#### Customer Services Function

- A. *Information and Referral* services will be available to the entire Pivotal service region to address general questions about community resources and to facilitate problem solving for mental health and/or substance use related needs. Information and referral services will also be available to customers in the region to address questions regarding their specific plan benefits. A listing of community resources and provider organizations will be maintained to facilitate choice in the selection of vendors and will be provided to customers at the start of ongoing

services and be made available at their request thereafter. Resource information will also be identified and provided annually during the eligibility determination, assessment and person-centered planning processes.

B. *Accommodations*

All vital documents, including the SWMBH handbook, will be available in alternative communication formats to address the needs of service applicants and customers, as applicable. Additionally, interpreter services are available at no cost to service applicants and customers (see Pivotal policy 06.03 – Limited English Proficiency for more information).

All written materials will:

- (i) Use easily understood language that's at a 6.9 grade reading level (or current state required reading level) and format.
- (ii) Use a font size no smaller than 12 point.
- (iii) Be available in alternative formats and through the provision of auxiliary aids and services in an appropriate manner that takes into consideration the special needs of [enrollees](#) or [potential enrollees](#) with disabilities or limited English proficiency.
- (iv) Include a large print tagline and information on how to request auxiliary aids and services, including the provision of the materials in alternative formats. Large print means printed in a conspicuous sized font.

C. *Program Orientation* information will be offered to all new customers. Orientation may be a meeting with a person who is currently receiving services and/or with a member of Pivotal's staff. Information provided to new customers will include information regarding service choices, person-centered planning and plan benefits. Specific information regarding provider safety protections and responsibilities of customers is also provided. Orientation occurs at the time of intake and continues during the person-centered planning process. These materials are provided electronically unless requested in hard copy. If requested in hard copy, they shall be provided within 5 days.

D. *Rights of Recipients*

Customers also have available a Recipient Rights Process as required by the Michigan Mental Health Code, Public Health Act 368 and Michigan Department of Health and Human Services. Areas of protections for customers referred to as "Recipient Rights" have separate policies and subsequent procedures that are not included as an attachment to this policy. Aside from these identified Recipient Rights, customers are provided information regarding several other aspects of their services from the SWMBH Regional Coordinating Agency (RCA) network. Customers are provided opportunity to receive the information at entry to the system and annually (or more often) when Person-Centered Plans are created. In addition, this information is available at any time from the local Community Mental Health Customer Services office. Pivotal network utilizes web sites, newsletters and posters to remind customers that the information is

available. Information is shared via handbooks, orientation, some specific forms and documents sent to the customers, and by contacting Customer Services offices located at Pivotal. These materials are provided electronically unless requested in hard copy. If requested in hard copy, they shall be provided within 5 days.

The protections identified in these communications include, but are not necessarily limited to:

1. Information regarding contracted service providers including name, address, phone, languages spoken in addition to English and if the provider is accepting new referrals for service.
2. Any restrictions regarding choice of service provider.
3. Information on Grievance, Appeal and Fair Hearing, and Dispute Resolution procedures (see section E below for more information as how this relates to Customer Services).
4. Information regarding the mental health/substance abuse services/benefits a person is entitled to, aside from the listing of all mental health and substance use services available in the Customer/Member Handbook. The Individual Plan of Service developed for each customer identifies the amount, scope and duration of all services to be provided to a person under the Plan. On each Plan is contact information the customer can use to ask questions about the Plan and/or services. With each Plan, customers are also provided with an *Action Notice*. This Notice includes local (CMH-SWMBH/PIHP level):
  - a. Appeal options
  - b. State level appeal options
  - c. Time frames for filing appeals
  - d. Contact information (including toll free phone numbers) to ask for assistance in filing an appeal
  - e. Directions to ask for services to continue during appeal process and information about potential repayment of fees associated with the services in dispute if the final decision is not in favor of the customer
5. How services/benefits are obtained from Pivotal. This includes an overview of the assessment process, Person-Centered Planning, consent for treatment, selection of a provider and how services to be provided will be authorized by Pivotal and/or SWMBH/RCA.
6. How customers can obtain services/benefits from a provider not currently under contract with Pivotal.

7. How to access emergency services. The Customer Handbook includes information about what is considered an emergency, location customers can go to for emergency services and a statement that no prior authorization is ever needed to seek emergency services. In addition, informational brochures used by the agencies will include who to access for emergency services, 24-hours/day, 365 days/year.
  8. How referrals to specialty care are addressed if necessary.
  9. How a customer's "ability to pay" for services is figured and how much if any of the cost they will need to contribute/pay for services.
  10. How and where the customers can access services/benefits that are available under the State Medicaid plan but are not covered under the contract with Pivotal. Including cost sharing for the services and how to access transportation.
  11. Information regarding advance directives, identifying a patient advocate and the assistance available through Pivotal.
  12. Other information is available upon request from Pivotal. For example, the customer can ask for the structure of Pivotal operations and any physician incentive plans that may be in place.
- E. *Second Opinion Rights and, Grievances and Appeals*
1. Customers and those who request services of Pivotal have available to them Grievance, Appeal and Second Opinion processes. Pivotal utilizes the Customer Services office to address appeals, grievances and second opinions. The Grievance, Appeals and Second Opinion processes are outlined and reviewed as part of the new member orientation and person centered planning process.
  2. Further notification about grievance, appeal and second opinion rights is distributed to current and potential persons served whenever use of a benefit is denied, reduced, suspended or terminated. *Action Notices* – as sent to customers – include:
    - a. The reasons for the denial/service change
    - b. Effective date of change
    - c. Local (Affiliate level) appeal options
    - d. State level appeal options
    - e. Time frames for filing appeals
    - f. Contact information (including toll free phone numbers) to ask for assistance in filing an appeal
    - g. Directions to ask for services to continue during appeal process



- A. Inquiries to Pivotal will be addressed using the following welcoming expectations for all new and existing individuals seeking care:
1. People will be accepted at any stage of their development and/or illness pattern (“Where they are” concept).
  2. All staff will be adequately trained in the welcoming philosophy.
  3. Customers will be offered opportunities to participate in wellness.
  4. Providers will have adequate resources to provide appropriate clinical interventions within budgetary constraints.
  5. Programs will strive for satisfaction with treatment by all stakeholders.
  6. Providers will strive to provide useful, relevant, and meaningful treatment.
  7. All staff will do their best to assure that each person feels valued and accepted, and that their needs have been met.
  8. Pivotal will provide continuity and consistency of care across all programs and services.
- B. Inquiries will be routed with the service system based on the type of request:
1. Inquiries and calls regarding benefit information and customer services issues will be handled by an identified “Customer Services” staff member.
  2. Requests for mental health and/or substance use services will be relayed to the responsible staff who will assist with making service determination decisions.
  3. Requests regarding complaints, grievances, appeals and second opinion requests and privacy violations will be relayed to either Pivotal’s Office of Recipient Rights, Privacy Officers and Customer Services staff assigned to respond to specific issues. Within Pivotal, there is no “wrong door” for these concerns, if misdirected initially. Customers will be re-directed to the most appropriate staff with minimal disruption.
- C. Telephone calls to the customer services unit at Pivotal shall be answered by a live voice. For example, “telephone trees” are not acceptable. While Pivotal has a toll-free number for agency operations, the SWMBHA/PIHP operates a publicized toll-free Customer Services specific telephone line. Customer Services calls will be returned within 1 (one) business day.

- D. The *Customer Handbook* is available to all new persons receiving Pivotal funded services. It is distributed upon admission to services of any network provider and will be available upon request at any time by contacting Customer Services offices within CMHSAS-SJC and/or from service provider offices. The [Customer/Member Handbook](#) is also available for review via Pivotal or SWMBH website. These materials are provided electronically unless requested in hard copy. If requested in hard copy, they shall be provided within 5 days.
- E. Customer Services staff shall be trained and possess current knowledge in at least the following:
1. Eligibility for various benefits (i.e., Medicaid, ABW, MiChild, ability to pay for GF-funded services).
  2. Service array, medical necessity requirements and eligibility for specialty services.
  3. Person-Centered Planning
  4. Self-Determination
  5. Grievance and Appeals, Fair Hearings, local dispute resolution processes and Recipient Rights.
  6. LEP and Cultural Competency
  7. Information and Referral within CMHSP, as well as outside to Medicaid Health Plans, FFS practitioners, MDHHS records, MRS, etc.
  8. Public Mental Health System (Mental Health Code, organization).
  9. Balanced Budget Act relative to the customer services functions and beneficiary rights and protections.
  10. Community resources (i.e., advocacy organizations)
  11. Mental Health Code and Confidentiality
  12. Public Health Code (for substance abuse treatment recipients)
- F. Customer services unit shall have access to information about the PIHP including each CMHSP affiliate annual report, current organizational chart, CMHSP board member list, meeting schedule and minutes. Customer services will provide this information in a timely manner to individuals upon their requests.

- G. Pivotal will make oral interpretation available in all languages and written translation available in each prevalent non-English language. All written materials for potential enrollees must include taglines in the prevalent non-English languages in the State, as well as large print, explaining the availability of written translations or oral interpretation to understand the information provided and the toll-free telephone number of the entity providing choice counseling services as required by § 438.71(a). Large print means printed in a conspicuous sized font.

## REFERENCES

- MDHHS/PIHP Contract, Part II, 6.3: Customer Services and Contract Attachment P.6.3.1.1: Customer Services
- 42 CFR 438.100 - Enrollee Rights
- Michigan Mental Health Code
- Public Act 368
- Southwest Michigan Behavioral Health Policy
  - 6.1 (Customer Services Role and Delegation)
  - 6.2 (Community Benefit)
  - 6.6 (Customer Advisory Committee)
  - 6.7 (Customer Education and Marketing)
  - 6.8 (Enrollee Rights and Responsibilities)
  - 6.9 (Provider Network Changes)