

**NORTH COUNTRY COMMUNITY MENTAL HEALTH  
NORTHERN AFFILIATION  
ADMINISTRATIVE MANUAL**

**CHAPTER:** Affiliation Chapter 3  
**PROCEDURE NAME:** Customer Orientation  
**PROCEDURE NUMBER:** 3002

**POLICY**

Members shall be orientated to all services and functions provided by Northern Affiliation and the applicable member boards.

**PURPOSE**

To assist members, families, and advocates to obtain specialty behavioral health services in a timely manner. Services delivered will be sensitive to identified cultural issues and be available with reasonable accommodations for individuals with specific needs.

**APPLICATION**

All Medicaid eligible persons in the Northern Affiliation's 13 county will be orientated to available services and access information. All new consumers will be orientated to the service array, recipient rights, grievance and appeals, customer services, advocacy groups and consumer run services in the area where the service is being delivered.

**PROCEDURES**

**I. For all Medicaid recipients:**

- A. Information about services: Brochures about services, information about Access, support services, customer services, grievance and appeals will be available in community locations. (Such as: hospitals, Dr's. offices, FIA, other social service agencies and community information centers.)
- B. Evaluation:
  - 1. On site visits, reviewers will visit at least 2 community locations to ensure that brochures are accessible to community members.
  - 2. Each comprehensive provider (CMHSP) will show evidence of advertisements, community Forums, Outreach activities, phone book advertisements, web sites, and news paper articles etc. that will demonstrate efforts to orientate the community to the available service array and how to access behavioral health services.

**II. For New Consumers:**

- A. When a member calls to request services, the access center staff starts the orientation process by providing a verbal overview that reviews recipient rights, grievance and appeals process, and second opinion requests. The member is also orientated how to physically access services for their first appointment. The member will also be given the customer services number if they have any questions about services and how to access them.
- B. When the member has their first appointment, the provider, is responsible for continuing the orientation process. This includes reviewing and giving the member the following information.
  - 1. Member handbook
  - 2. Grievance and Appeals information
  - 3. Recipient Rights Handbook
  - 4. Complaint resolution process description
  - 5. Fiscal policies as appropriate for Ability to Pay, Medicaid spend-down and coordination of benefits.
- C. Evaluation
  - 1. On site visits, reviewers will ask to see the information packets that are provided to all new consumers.

2. During interviews or on surveys, consumers will be asked questions about if they received this type of information when they entered services.

**III. For Current Consumers:**

- A. The above information/materials (Section II: B 1-5) will be available in all provider locations.
- B. At least yearly, all consumers will receive the above listed materials. This may be at the annual person-center planning meeting.
- C. Evaluation:
  1. During interviews or surveys consumers will be asked if they have knowledge about the services, protections etc. of the provider agency.
  2. Data regarding member services complaints at the affiliation and provider levels will be evaluated by member services, the PIC group and Provider Quality Oversight Committee. Effective recommendations to correct issues with the process will be implemented as needed.
  3. The affiliation Member services plan will be reviewed and updated at least yearly. The review process will include the PIC group, member services staff, Provider Network Manager, Access Center Director, and Director of Affiliation Services and will also be sent to the Provider Quality Oversight Committee.

**REFERENCES:**

Mental Health Code  
Access Alliance of Michigan Provider & Policy Manual  
AFP & Implementation Guide, 2001  
DCH Site Review Protocol, 2001

**DISTRIBUTION:** All provider boards, affiliation policy formats

**REVISED:** October 9, 2003

**APPROVED:**

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