



## POLICY AND PROCEDURE MANUAL

SUBJECT Satisfaction Surveys	ACCOUNTABILITY NMRE, NMRE Network Providers	Effective Date: 1/11/22	Pages: 3
REQUIRED BY	Medicaid Managed Specialty Supports and Services Contract Inpatient Health Plans Technical Requirement, MDHHS Quality Assessment and Performance Improvement Program (QAPIP)	Last Review Date:	Past Review Date:
Policy: <input checked="" type="checkbox"/>  Procedure: <input type="checkbox"/>	Review Cycle: Annually  Author: Customer Services Specialist	Responsible Department: Quality	Reviewers: Customer Services

### Definitions

**Community Mental Health Services Provider (CMHSP):** For the purposes of this document, a CMHSP member is one or more of the following: AuSable Valley Community Mental Health Authority, Centra Wellness Network, North Country Community Mental Health, Northeast Michigan Community Mental Health Authority, and Northern Lakes Community Mental Health Authority.

**Consumer/Customer:** Refers to individuals who are eligible to receive specialty mental health and substance use disorder services, as well as those currently receiving such services and their families/guardians. For the purpose of NMRE policy, these terms are used interchangeably.

**Michigan Department of Health and Human Services (MDHHS):** The principal department of the state of Michigan, headquartered in Lansing, that provides public assistance, child and family welfare services, and oversees health policy and management.

**Network Provider:** Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the state's contract with the NMRE, its member CMHSPs, and the Substance Use Disorder provider panel.

**Northern Michigan Regional Entity (NMRE):** Region 2 PIHP covering Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle Roscommon, and Wexford counties in northern Lower Michigan.

**Prepaid Inpatient Health Plan (PIHP):** A term contained in federal regulations from the Centers for

Medicare & Medicaid Services. Michigan has ten (10) PIHPs, responsible for managing the Medicaid resources for behavioral health and intellectual/developmental disabilities services for Medicaid and Healthy Michigan enrollees.

**Secondary Consumer:** A family member, guardian, or advocate of an individual who receives or has received services from MDHHS or a CMHSP, including family members, guardians, or advocates of a person who has received equivalent mental health services from the private sector.

### Purpose

The purpose of this policy is to ensure that the Northern Michigan Regional Entity (NMRE) and its Network Providers comply with the Satisfaction Survey process and requirements as set forth in the MDHHS Medicaid Specialty Supports and Services Contract.

### Policy

The NMRE will develop, maintain, and implement satisfaction surveys of persons receiving Mental Health and Substance Use Disorder (SUD) services annually.

- A. Consumer participants must either be active consumers or consumers discharged up to 12 months prior to survey participation.
  - Surveys may be conducted electronically, by mail, face-to-face, or in paper survey form.
  - Surveys will be conducted in accordance with the forms and timelines established in the MDHHS contract reporting requirements regarding consumer satisfaction surveys.
  - Consumer surveys will address all aspects of treatment including cultural competency, facility comfort and safety, quality of services, ease of access, rights and grievance processes, coordination of care, and availability of services.
- B. Survey results will be aggregated and reviewed for continuous quality improvement by the NMRE and its Network Providers.
  - Regional survey results will be reviewed by the Quality and Compliance department to determine appropriate initiatives and areas for quality improvement, developing corrective action plans when necessary.
  - The NMRE will make all findings and results available to the public via the NMRE website.
  - Satisfaction survey results will be presented to the regional Quality Oversight and Compliance Committee (QOC), SUD Provider Panel, Board of Directors, and the Regional Entity Partners (REP).
  - Copies of survey reports will be available to all providers within the ShareFile system.
  - The NMRE will monitor compliance with all approved corrective action plans (CAP) within the NMRE provider panel.

- C. NMRE will monitor compliance with the satisfaction survey process and report progress and outcomes to the NMRE Quality Oversight and Compliance Committee (QOC), SUD Provider Panel, SUD Directors, REP, Operations Committee (Ops), and the NMRE Board of Directors.

#### **REFERENCES**

1. MDHHS Quality Assessment and Performance Improvement Program
2. Inpatient Health Plans Technical Requirement
3. MDHHS Medicaid Specialty Services Contract, Section 6.3.2: Information Requirements

Approval Signature



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NMRE Chief Executive Officer

2/22/22

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Date

SUBJECT Satisfaction Surveys	ACCOUNTABILITY NMRE, NMRE Network Providers	Effective Date: 1/11/22	Pages: 2
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### General Requirements

#### **A. Consumer Satisfaction Survey**

The NMRE will have a process in place to measure the satisfaction of primary and secondary consumers with the services being provided through the public behavioral health system. The NMRE is responsible for creating, updating, implementing, monitoring surveys and participation, and compiling data within the region.

1. All survey information will be compiled and analyzed using the SurveyMonkey tool.
2. Surveys will be offered in electronic or paper format.
3. Survey results will be utilized to improve services in the region.

#### **B. Provider Participation Requirement**

All consumers and/or their representatives will be given annual opportunities to provide feedback regarding services received.

1. All NMRE Network Providers will offer the NMRE Consumer Satisfaction Surveys to each qualifying consumer and/or their representative as instructed during the designated survey period.
2. Providers that do not have a kiosk or device available for consumer use must utilize a paper survey format.
3. Providers will respect the rights of consumers to refuse to participate in the survey process.
4. Providers will take steps to ensure that consumers' anonymity is protected throughout the survey process.
5. Providers will in no way coerce, bribe, threaten, intimidate, or otherwise interfere in the consumer survey process.
6. Providers are responsible for ensuring that appropriate designated staff receive the survey forms and survey information to disseminate to consumers.
7. Providers must designate staff to receive completed paper surveys and either send them to the NMRE or hand enter them into the SurveyMonkey website.
8. Providers may not offer compensation for survey participation.

9. Providers will in no way retaliate against an individual based on survey participation and responses.

**C. Survey Process**

1. The NMRE will provide written instructions containing an electronic survey link as well as a paper copy of the survey to all eligible Providers no later than two weeks prior to the onset of the designated survey period.
2. Providers will ensure staff are educated on the administration of the survey
3. Providers will offer a survey to each consumer receiving designated services and/or their representative during the survey period.
4. Each consumer/representative may complete one survey per survey period.
5. Consumers have the right to refuse to participate.
6. Consumers will be provided with a way to return paper surveys in an anonymous manner.
7. Consumers will be encouraged to complete and return surveys onsite.
8. Paper surveys will be returned to the NMRE no later than the end of the survey month.  
Responses received after this date will not be accepted.
9. The NMRE will compile survey data and report to Providers no later than three weeks after survey end date.

REFERENCES

1. MDHHS Quality Assessment and Performance Improvement Program
2. Inpatient Health Plans Technical Requirement
3. MDHHS Medicaid Specialty Services Contract, Section 6.3.2: Information Requirements

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