

**POLICIES AND PROCEDURE MANUAL**

<b>Chapter:</b>	<b>Quality</b>		
<b>Title:</b>	<b>Consumer Satisfaction Surveys</b>		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 04.07.2015	<b>Related Policies:</b>
<b>Procedure:</b> <input type="checkbox"/>	<b>Author:</b> Chief Compliance Officer, Quality Improvement Council	<b>Review Date:</b> 01.12.2021	
<b>Page:</b> 1 of 2		<b>Revision Eff. Date:</b>	

**Purpose**

To ensure Mid-State Health Network (MSHN) and its Provider Network comply with the Satisfaction Survey process and requirements as set forth in the Michigan Department of Health and Human Services (MDHHS), Medicaid Specialty Supports and Services Contract.

**Policy**

MSHN shall ensure satisfaction surveys of persons receiving treatment are conducted by the Provider Network at least once a year.

- A. Consumers may be active consumers or consumers discharged up to 12 months prior to their participation in the survey.
  - Surveys may be conducted by mail, electronic, telephone, or face-to-face.
  - Surveys will be conducted in accordance with the forms and timelines established in the MDHHS contract reporting requirements regarding consumer satisfaction surveys.
  - Consumer satisfaction surveys shall incorporate questions that address the “welcoming” nature of the agency and its services.
- B. Survey results will be aggregated and reviewed for continuous quality improvement by the Provider Network.
  - Regional survey results will be aggregated and reviewed by the Quality Improvement Council, the SUD Provider Advisory Committee, and the Regional Consumer Advisory Council for determining appropriate initiatives and areas for quality improvement.
  - MSHN will compile findings and results of client satisfaction surveys and related improvement initiatives for all providers and make findings and results, by provider, available to the public.
- C. MSHN shall monitor compliance with satisfaction surveys through reporting progress and outcomes to the MSHN Quality Improvement Council, SUD Provider Advisory Council, the SUD Provider Network meeting, Regional Consumer Advisory Council, other relevant committees/councils, and Operations Council and the Board of Directors.

**Applies to:**

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
- MSHN CMHSP Participant’s :  Policy Only       Policy
- and Procedure
- Other: Sub-contract Providers

**Definitions:**

CMHSP: Community Mental Health Service Programs  
MDHHS: Michigan Department of Health and Human Services  
MSHN: Mid-State Health Network  
SUD: Substance Use Disorder  
Provider Network: Refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP’s subcontractors

**Other Related Materials**

N/A

**References/Legal Authority**

Medicaid Managed Specialty Supports and Services Contract  
MDHHS Quality Assessment and Performance Improvement Program for Specialty Prepaid  
Inpatient Health Plans Technical Requirement

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
03.2015	New Policy	Chief Compliance Officer, Quality Improvement Council
03.2016	Annual Review	Quality, Compliance and Customer Svc Director
03.2017	Annual Review	Director of Compliance, Customer Service & Quality
03.2018	Annual Review	Director of Compliance, Customer Service & Quality
03.2019	Annual Review	Quality Manager
10.2020	Biennial Review	Quality Manager