

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Assessment of Member Experiences		
Policy: <input checked="" type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 04.07.2015	Related Policies:
Procedure: <input type="checkbox"/>	Author: Chief Compliance Officer, Quality Improvement Council	Review Date: 03.07.2023	
Page: 1 of 2			

Purpose

To ensure Mid-State Health Network (MSHN) and its Provider Network utilize members experience of care to assess the quality, availability and accessibility of care for all individuals served as required in the Michigan Department of Health and Human Services (MDHHS), Medicaid Contract.

Policy

MSHN shall ensure an assessment of the perception of services for persons receiving treatment are conducted by the Provider Network at least once a year.

- A. The assessment may be qualitative or quantitative and include a consumer satisfaction survey or focus group.
- B. The assessment shall be representative of all individuals served and include active consumers who have been in services for at least 3 months or consumers discharged up to 12 months prior to their participation in the survey.
 - Assessments/surveys may be conducted by mail, electronic, telephone, or face-to-face.
 - Assessments/surveys will be conducted in accordance with the forms and timelines established in the MDHHS contract reporting requirements.
 - The assessment shall address the quality, availability, and the accessibility of care, incorporating questions that address the “welcoming” nature of the agency and its services.
- C. Assessment/survey results will be aggregated and reviewed for continuous quality improvement by the Provider Network.
 - The Provider Network will address individual sources of dissatisfaction for resolution and quality improvement.
 - Regional results will be aggregated and reviewed by the Quality Improvement Council, the Regional Consumer Advisory Council, and other relevant MSHN committees/councils for determining appropriate systemic action for quality improvement.
 - MSHN will compile findings and results of the assessments of care client satisfaction surveys and related improvement initiatives for all providers and make findings and results, by provider, available to the public.
- D. MSHN shall monitor improvement and compliance with assessment/surveys through reporting progress and outcomes to the MSHN Quality Improvement 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
 - 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 MSHN CMHSP Participants and SUD providers directly under contract with the MSHN PIHP to provide/arrange for behavioral health services and/or supports. Services and supports may be provided through direct operations or through the subcontract arrangements.

Other Related Materials

N/A

References/Legal Authority

MDHHS/PIHP Medicaid Contract

MDHHS Quality Assessment and Performance Improvement Program Technical Requirement

Change Log:

Date of Change	Description of Change	Responsible Party
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
10.2022	Biennial Review	Quality Manager