

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Assessment of Member Experience of Care		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/> Page: 1 of 4	Review Cycle: Biennial Author: Quality Manager	Adopted Date: 03.04.2025 Review Date:	Related Policies: Assessment of Member Experiences Policy

DO NOT WRITE IN SHADED AREA ABOVE

Purpose

The purpose of this procedure is to establish a standardized process to guide the Mid-State Health Network (MSHN) Provider Network in the process for administering the member experience of care assessments/surveys in adherence to the MSHN Assessment of Member Experiences Policy, and to inform quality improvement for services provided by MSHN and its Provider Network.

Procedure

The MSHN Provider Network will obtain a qualitative and quantitative assessment of members experience for all representative populations, including members receiving Long Term Supports and Services (LTSS) and submit annually to MSHN as indicated below.

A. Materials and Preparation

1. MSHN Consumer Satisfaction Survey materials can be found in the [Quality Improvement – EXT>Consumer Satisfaction Member Experience of Care EXT>Consumer Satisfaction Instructions> Consumer Satisfaction Instructions Project Description FY24](#)
2. If applicable, prepare to identify if an individual is part of a supplement program such as a Health Home i.e. Behavioral Health Home (BHH), Substance Use Disorder Health Home (SUDHH), or Certified Community Behavioral Health Clinic (CCBHC).
3. Develop a process whereby the following is counted during the survey period:
 - a. The total number of surveys distributed.
 - b. The total number of individuals who received a service during the time frame of the administration.
 - c. The total number of surveys returned.

B. Population

- Adults - Individuals, 18 years or older, who experience a mental illness, intellectual development disability, substance use disorder.
- Children – Individuals 4-17 who experience a severe emotional disorder, intellectual developmental disability.
- Long Term Supports and Services- Adults and/or children who receive one or more of the following services as indicated in the 1915 Waiver: Respite, CLS (Community Living Supports), PDN (Private Duty Nursing), Supported/Integrated Employment, Out of Home Non-Vocational Habilitation, Good and Services, Environmental Modifications, Supports Coordination, Enhanced Pharmacy, PERS (Personal Emergency Response System), Community Transition Services, Enhanced Medical Equipment and Supplies, Family Training, Non-Family training, Specialty Therapies (Music, Art, Message), Children Therapeutic Foster Care, Therapeutic Overnight Camping, Transitional Services, Fiscal Intermediary Services, and Prevocational Services.
- CCBHC-Adults and/or children who are enrolled in a certified community behavioral health home (sample of 330 + or 100% of total enrolled)

C. Distribution

- Local discretion is utilized for distribution method and time frame.
- Distribution methods may include phone surveys, mailed surveys, face to face, and/or electronic.
NOTE: Mailed surveys should allow a 4 week return time.
- Time frames may occur during a specific period or through the year. Note: The number distributed or the number served during that time frame should be provided by the organization.

D. Data Entry Instructions

1. Use the Consumer Satisfaction Survey Templates FY20XX - *Data Entry Tab* to record results.
2. Populate all fields as indicated in the reporting template and Project Description
3. Include your organization name.
 - If you have more than one location, be sure to include any additional identifiers for your use.
4. Enter the program type (numeric) in which the individual is responding to.
 - 1-Outpatient/Intensive Outpatient
 - 2-Case management (CSM)
 - 3-Residential
 - 4-Withdrawal Management
 - 5-Medication Assisted Treatment
 - 6-Other
5. Enter the Supplement Program Code(s) if applicable and available.
 - CCBHC-Certified Community Behavioral Health Clinic
 - BHH-Behavioral Health Home
 - LTSS-Long Term Supports and Services
6. Enter Method of Distribution
 - 1-Mailed
 - 2-Electronic/Web based
 - 3-Face to Face
 - 4-Phone
7. Length of time in Service
 - 1-Less than 6 months
 - 2-6 to 12 months
 - 3-More than 12 months
 - 4-No longer receiving services
8. Ethnicity
 - 1-Not Hispanic or Latino
 - 2-Hispanic or Latino
9. Race
 - 1-American Indian or Alaska Native
 - 2-Asian
 - 3-Black or African American
 - 4-Native Hawaiian or Other Pacific Islander
 - 5-White
 - 6-More than one race Reported
 - 7-Other/Not available
10. Sex assigned at birth
 - 1-Male
 - 2-Female
11. Assistance
 - 1-Yes
 - 2-No

E. Submission

1. Rename your Consumer Satisfaction Survey Reporting Template with your (abbreviated) provider name at the beginning, **<INSERT PROVIDER NAME> FY20xx Consumer Satisfaction Survey Reporting Template**
2. Include the tally information on the tally worksheet in the reporting template.
3. Submit the completed Reporting Template to MSHN via the link on the MSHN Website before August 1 of each year.

NOTE: Please do not submit to MSHN the actual surveys received but keep them on file at your agency. Just the Reporting Template should be provided to MSHN.

F. Scoring Rules

1. Recode ratings of “not applicable” as missing values.
2. In reporting each domain score, include only surveys with at least 2/3 of the domain items completed.
3. Calculate the mean score of the domain items per survey

A. Mental Health Statistics Improvement Program (MHSIP)-Count the number of respondents with mean scores of less than 2.5 (note: the cut off score of 2.5 is based on the recommended coding of responses where strongly agree is 1).

B. Youth Services Survey (YSS)- Count the number of respondents with mean scores of greater than 3.5 (note: the cut off score of 3.5 is based on the recommended coding of responses where strongly agree is 5).

- G. Report the number of “positive” responses (this number is derived from step 4 above) and the total number of “responses” (this number is derived by counting the number of surveys from step 3 above) for each domain.

Applies to

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

Definitions

BHH: Behavioral Health Home

CCBHC: Certified Community Behavioral Health Clinic

CLS: Community Living Supports

CMHSP: Community Mental Health Service Program

Covered Service: Any service defined by the Michigan Department of Health and Human Services as required service in the Medicaid Specialty Supports and Services benefit

CSM: Case Management

LTSS: Long Term Supports and Services

MDHHS: Michigan Department of Health and Human Services

MHSIP: Mental Health Statistics Improvement Program

MSHN: Mid-State Health Network

PDN: Private Duty Nursing

PERS: Personal Emergency Response System

Provider: 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

Random Sample: A subset of a larger population that is chosen randomly, giving each member of the population an equal chance of being selected.

SUDHH: Substance Use Disorder Health Home

YSS: Youth Services Survey

Other Related Materials

MSHN Quality-Member Experience of Care Assessment Policy

MSHN Member Experience of Care Reporting Template

References/Legal Authority

Michigan Department of Health and Human Services (MDHHS) Medicaid Contract

CCBHC Handbook

Change Log:

Date of Change	Description of Change	Responsible Party
11.2024	New Procedure	Quality Manager