

**Community Mental Health Affiliation
of Mid-Michigan**

PROCEDURE: 4.6	Page 1 of 2	SUBJECT: CMHSP Satisfaction Survey
Related Policy: 4.0		SUBJECT: Quality Improvement
Issuing Directors: Director of Quality, Customer Service and Recipient Rights, and Director of Affiliation Operations		Original Effective Date: 02/17/06

REVISED DATE

03/06/07
08/08/08

Review Date(s)

08/04/09					

I. PURPOSE:

To measure the satisfaction of CMHAMM Consumers and stakeholders with the services that they receive and to assure follow up on expressions of dissatisfaction whenever possible. CMHAMM will use the information gained from the satisfaction surveys in the annual review of PIHP practices.

II. STANDARDS:

The following federal and state statutes establish the standards for CMHAMM's Satisfaction Survey Procedure:

- A. 42 CFR 438.202
- B. 2009 MDCH PIHP Contract Attachment 6.7.1.1
- C. 2009 MDCH CMHSP Contract Attachment 6.8.1.1

III. PROCEDURES:

- A. Annually all CMHSPs will survey consumers, family/guardians, referral sources and contractors using the current and appropriate CMHAMM Satisfaction Survey form.
- B. The sampling methods for each survey population has been established by the PIHP Evaluation Specialist (ES) in consultation with the Affiliation QI Workgroup.
- C. The timetable for the survey tasks will be established by the Affiliation QI Workgroup and the PIHP Evaluation Specialist on an annual basis. The PIHP Evaluation Specialist will distribute the timetable to the CMHSPs.
- D. The PIHP Evaluation Specialist will prepare an annual report which includes statistical analysis of the results, findings and recommendations for action, for both each CMHSP and the PIHP.
- E. To address expressions of dissatisfaction:
 - 1. For any surveys received by the PIHP expressing consumer dissatisfaction and containing identifiers the PIHP ES will immediately notify the CMHSP QI Coordinator to ensure timely follow up.

2. A summary of the CMHAMM satisfaction surveys is prepared by the PIHP Evaluation Specialist (ES). Presentation of the summaries is made by the PIHP ES to the Affiliation QI workgroup for review and comment.
3. Each Affiliate QI Coordinator will present the findings to their respective CMHSP and identify any that expressed dissatisfaction with quality, availability and accessibility of care and present these surveys to their staff.
4. The CMHSP QI coordinator/designated staff will:
 - a. Design a plan of action including all steps to address the identified concerns.
 - b. Document all persons involved and who will execute the plan.
 - c. Decide on time frames to complete the plan.
 - d. Carry out the plan.
 - e. Record the results of the action.
 - f. Return the results to the QI coordinator of their affiliate.
 - g. The QI Coordinator will report a summary of their findings and actions to the QI Committee.
5. The progress, results and effects of the survey plans will be monitored annually by the PIHP Compliance officer.
6. Documentation will be kept in the QI Committee minutes under Satisfaction Surveys.
7. The Affiliation QI Workgroup will record in its minutes the steps taken to address the results. The QI committee will also inform practitioners, providers, recipient of services and the governing body of the assessment results.

IV. APPLICATION:

PIHP and all CMHAMM CMHSPs

V. MONITOR AND REVIEW:

The PIHP Director of Quality, Customer Service and Recipient Rights will monitor these functions and will review this procedure annually. External review will include MDCH and CMS site visits and reporting.

VI. RELATED POLICIES AND PROCEDURES:

CMHAMM Policy 4.0 Quality Improvement
CMHAMM Procedure 4.1 Quality Assessment and Performance Improvement Program
CMHAMM Satisfaction Survey Task List