POLICY TITLE: SATISFACTION SURVEY	POLICY #6.11	REVIEW DATES	
Topic Area: CUSTOMER SERVICE	**ISSUED BY:** Chief Operating Officer	4/10/24	12/31/24
Applies to: LRE Staff, Member CMHSPs and Network Providers		2/2/26	
Developed and Maintained by: LRE CEO and Designee	**APPROVED BY:** Chief Executive Officer		
Supersedes: N/A	**Effective Date:** 4/19/23	**Revised Date:** 5/2/23	

I. PURPOSE

To ensure Lakeshore Regional Entity (LRE) and its provider network comply with the Satisfaction Survey process and requirements set forth in the Michigan Department of Health and Human Services (MDHHS), Medicaid Specialty Supports and Services Contract.

II. POLICY Lakeshore Regional Entity (LRE) shall ensure satisfaction surveys of persons receiving treatment are conducted by the Provider Network at least once annually.

A. Surveys shall be representative of the individuals served and the services and supports offered.
   1. Participants are either currently receiving services or have been discharged no later than 12 months prior to their participation in the survey.
   2. Surveys shall be made available to individuals and their authorized representatives.

B. Surveys shall address the issues of quality, availability, and accessibility of care.

C. As a result of the surveys, LRE shall:
   1. Take specific action on individual cases as appropriate;
   2. Identify and investigate sources of dissatisfaction;
   3. Outline systemic action steps to follow up on the findings; and
   4. Inform practitioners, providers, recipients of services, and the Governing Body of assessment results.

D. The LRE shall evaluate the effects of activities implemented to improve satisfaction.

E. The LRE shall ensure the incorporation of individuals receiving long-term supports or services into the review and analysis of the information obtained from quantitative and qualitative methods.

F. Should the LRE achieve and sustain member satisfaction goals over a period of time, LRE shall revise the mechanisms for assessing member experience such as creating new

surveys or revising questions, revising sampling methodology, and initiating new activities to assess satisfaction.

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to LRE, member CMHSPs, and their contracted providers.

IV. MONITORING AND REVIEW

The Chief Operating Officer or designee will review this policy on an annual basis.

V. DEFINITIONS

Individual/Consumer/Customer: Broad, inclusive reference to an individual requesting or receiving mental health services delivered and/or managed by the PIHP, including Medicaid beneficiaries, and all other recipients of the PIHP and/or the CMHSP services. For the purpose of this policy, terms are used interchangeably.

CMHSP: Community Mental Health Service Program

MDHHS: Michigan Department of Health and Human Services

LRE: Lakeshore Regional Entity

Provider Network: Refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the LRE PIHP to provide services.

VI. RELATED POLICIES AND PROCEDURES

- LRE Customer Service Policy 6.0
- LRE Procedure 6.11a

VII. REFERENCES/LEGAL AUTHORITY

- MDHHS/PIHP Master Contract
- MDHHS Quality Assessment and Performance Improvement Program for Specialty Prepaid Inpatient Health Plans Technical Requirement, Section X(A-D)

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
4/19/2023	NEW POLICY	Chief Executive Officer/Designee
5/2/23	Error Correction	Chief Executive Officer/Designee