



Community Health Center (CHC) Application and Participation Agreement
Between

Massachusetts League of Community Health Centers
And

_____ (CHC name)

ACES CUSTOMER SERVICE TRAINING Pilot Program 2

The Massachusetts League of Community Health Centers (MLCHC) is sponsoring a second Pilot Program 2 of ACES Customer Service Training provided by Comma Williams Enterprises in April, May and early June 2010. This Training Program has been developed in conjunction with the MLCHC Human Resource Directors' Customer Service Task force. Participation will be available to 3 to 5 community health centers based on size of interested centers. It is anticipated that one to two series of trainings will be available in the greater Boston area and one to two in another section of the State of Massachusetts based on adequate numbers of participants.

Please review the program description and participation requirements below. If your center is interested and committed to participate please **complete this application and return by Tuesday March 23** to Janice Brathwaite, Work Force Development Manager, (jbrathwaite@massleague.org; 617-988-2217) . Follow up on applications and selection of participating centers will be targeted for completion by April 1 or 2. The final scheduling of training sessions will be worked on with the centers selected for participation. We hope we will be able to accommodate all interested centers in this time frame. If you can not participate now but would be interested in the fall let us know.

Selection of participating health center locations will be based on interest, commitment and the number of participants that will be trained. Final selection will need to take into consideration the ability to fill training sessions in an area, so we apologize if we are not able to accommodate your interest in this round. We do anticipate further offerings in FY11. The intent of the Pilot programs is also to build in a cooperative sustainability model for on going trainings with input of community health center staff who complete the train the trainer sessions and commitment to contribute on going training.

The benefits of participation in training includes: addressing staff skill needs, meeting customer satisfaction needs, HRSA reviews, Joint Commission, Medical Home standards, providing transferable knowledge and skills, and developing standards that are cohesive and comprehensive.

The next round of pilot trainings is intended to start in early April 2010 and end in early June 2010. In order to participate in this program the applicant community health center by initials and signature below of its Chief Executive Officer/Executive Director applies and commitments the _____ (Name of CHC) to participate and fulfill the terms of participation.

All participants will attend all required scheduled trainings defined below in order to successfully complete the customer service training program.

Initials: _____

- A minimum of 80% of the designated staff will attend one day of Customer Service Training scheduled as a 7.5-hour training day (9 AM to 4:30 PM with lunch break). (Designated staff is defined as front desk personnel, patient services representatives, reception, financial counselors, medical assistants, patient accounts supervisors, managed care clerks/coordinators and other departmental managers and supervisors).

Initials: _____

- All scheduled customer service training participant staff will attend one of twelve (12) core training sessions (to be scheduled over an 8 week period statewide so no one center loses too many staff on training days) and each session will contain between 10 and 21 trainees in total from participating centers. (Accommodations for different size centers are expected. Large centers will be considered for on site training.)

Initials: _____

- The supervisors and managers of the customer service training participants will attend a one day training session on Coaching for Customer Service.

Initials: _____

- One to three participants will attend a 5-day Train-the-Trainer Program and by doing so will commit to train in future programs for community health centers to ensure the on going availability and sustainability of the customer service training as well as the affordability of the training sessions going forward.

Initials: _____

- The Health Center will administer pre-training surveys and post-training surveys (2 to 3 months after training) on customer service satisfaction to patients.

Initials: _____

- The Health Center will administer pre-training survey and post-training survey including 4 self-assessments regarding 4 basic customer service skills (attitude, communication, effort and service recovery) to staff participating in customer service training.

Initials: _____

- Please indicate the number of staff you have by role and the number you commit to have trained:

-Customer Service training for front desk personnel, patient services representatives, reception, financial counselors, medical assistants, managed care clerks/coordinators:

Total # _____ Total for training: # _____

-Coaching for Customer Service Performance Training for supervisors, managers of above areas including patient accounts supervisors and managed care supervisors:

Total # _____ Total for training: # _____

-Train the Trainer Program to sustain internal center training and support cross center training (This is a 5-day training. You must send one (1) and may send up to 3 participants depending on center size and capacity. There will be a chance for review with trainers on this expectation.)

Total interested # _____ Initials: _____

- Please indicate if you would be able to donate training space for 4 to 8 sessions for up to 21 people each:
By my initials I affirm our interest and ability to provide training sessions: Initials: _____
- The MLCHC anticipates a service fee of \$20 to \$25 per customer service training participant to cover the costs of breakfast and lunch for sessions, and for some materials. By your initials you indicate a commitment to pay this cost upon invoicing by MLCHC: Initials: _____
(We will be looking for sponsors for the lunches to defray the costs.)

You will assign a lead contact person (recommend Human Resources Director or Training Manager) who will have the authority to clarify information and needs, confirm participants, coordinate and finalize scheduling, participate in planning conference calls and meetings and assure surveys are implemented. Please designate name and contact info: _____
Initials: _____

By my authorized signature below for _____ Community Health Center I confirm the commitments indicated above in this Application and Participant Agreement for our CHC to participate in the ACES Customer Service Training Pilot Program 2, I understand that our participation is subject to final approval and selection of our CHC by the MLCHC and Comma Williams Enterprise. We recognize that selection for participation will be impacted by our commitments above and by the need to assure adequate numbers of participants in a geographic area to support the necessary participation per training session. We recognize that trainings will be provided in April, May, and at the latest early June 2010.

Authorized signatures:

Community Health Center: _____

CEO/Executive Director signature: _____

CEO/Executive Director printed name: _____

Date: _____

By an authorized signature below the MLCHC indicates approval and selection of your application and participation in the Customer Service Training Pilot Program 2:

Massachusetts League of Community Health Center

Authorizing name: _____

Authorizing signature: _____

Authorizing date: _____

Please complete and return all original signed forms to Janice Brathwaite, Workforce Development Manager Massachusetts League of Community Health Centers, 40 Court Street 10th Flr. Boston, MA 02108 or jbrathwaite@massleague.org by March 23. If you have questions, please call 617-988-2217.