



Health Care Agency	Section Name:	Client's Rights
Behavioral Health Services	Sub Section:	Problem Resolution
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	SIGNATURE	DATE APPROVED
Director of Operations Behavioral Health Services	<u>Signature on File</u>	<u>9/22/16</u>

SUBJECT: Procedures for Change of Provider/Second Opinion Requests

PURPOSE:

This policy and procedure provides a uniform process to track requests of Health Care Agency (HCA) Behavioral Health Services (BHS) Mental Health Plan (MHP) consumers for a change of provider or a second opinion.

POLICY:

When consumers request either a change of provider or a second opinion for denial of services, Behavioral Health Services (BHS) shall follow a uniform process to track these requests.

SCOPE:

This procedure applies to all requests for a Change of Provider or Request for a Second Opinion by consumers receiving Specialty Mental Health Services (SMHS) through the MHP, except students only receiving educationally related mental health services.

REFERENCES:

Orange County Health Care Agency/Behavioral Health Care Implementation Plan

Orange County Health Care Agency Guide to Medi-Cal Mental Health Services

Title IX, Chapter II, Subchapter 3, Article 2, 1830.205

FORMS:

Change of Provider / Second Opinion Request Log

PROCEDURES:

- I. A consumer may request a change of provider, either within an organizational provider or between organizational providers. A consumer may request a second opinion when a service has been denied because of lack of medical necessity.

A. Change of Provider:

1. Consumers in County and County Contracted outpatient SMHS clinics, when initially referred for treatment, shall be offered a choice of providers, whenever possible. After initial provider selection and referral, a consumer may request a change of provider. The consumer shall be advised by the clinician to direct the request to the Service Chief or Program Director. Every effort shall be made to accommodate requests for a provider change.
2. Criteria that shall be considered for provider change include:
 - a) Access
 - b) Service location
 - c) Cultural/linguistic needs
 - d) Clinical or therapeutic issues
 - e) Consumer concern related to level of care
 - f) Specialty needs
 - g) Consumer satisfaction
3. Change of provider requests are reviewed at least annually by AQIS quality improvement staff. When instances are identified of three or more requests to change from a particular provider within a quarter, the issue is brought to the attention of the Service Chief/Supervisor and County Adult and Older Adult Behavior Health (AOABH) and Children and Youth Behavioral Health (CYBH) Program Manager for follow up. In addition, the change of provider requests may be reviewed for discussion at the Divisional Quality Improvement Committee meetings.

B. Second Opinion:

When a consumer receives notification from the MHP that he/she does not meet medical necessity for SMHS, the consumer has the right to request and receive a second opinion. The second opinion can be rendered by another clinician at the program site or at a different clinic. If the second opinion is rendered at the same clinic, then the Service Chief/Program Director will designate the clinician in charge of completing this evaluation. If the second opinion is rendered at a different clinic, then the County AOABH and CYBH Program Manager will designate a County operated or contracted clinic to render the second opinion evaluation.

1. Criteria which shall be considered for a second opinion include:

- a) Medical necessity.
- b) Clinical and therapeutic issues.
- c) Consumer concern related to level of care.

C. Appeal Process:

- 1. The Service Chief/Program Director receiving the request for change of provider/second opinion shall review the consumer's case. Should a satisfactory resolution to the consumer's request not be reached, the Service Chief/Program Director or Clinical Supervisor shall refer the case to Authority and Quality Improvement Services (AQIS). AQIS shall review the case and reach a definitive decision regarding the change of provider/second opinion and inform the consumer in writing of the decision within three working days.

D. Documentation:

- 1. The "Request for Change of Provider/Second Opinion Log" shall be maintained by the clinical staff at each County or County Contracted Clinic. The log shall be completed after a request is made by the consumer and is to include:
 - a) Date of request
 - b) Consumer's Medical Record Number (MRN)
 - c) Medi-Cal eligibility
 - d) Clinician's name
 - e) Reason for request
 - f) Disposition/reassignment
- 2. The Service Chief/Program Director shall oversee the Log to ensure it is kept in a timely manner and that appropriate referrals are being made. At the end of each quarter, the Service Chief/Program Director shall forward the completed Logs to AQIS for review.