Health Care Agency **Behavioral Health Services** **Policies and Procedures**	Section Name: Sub Section: Section Number: Policy Status:	Client's Rights Problem Resolution 02.02.01 ☐New ☒Revised

	SIGNATURE	DATE APPROVED
Director of Operations Behavioral Health Services	Signature on File	8/8/19

SUBJECT: Procedures for Change of Provider and Second Opinion Requests

PURPOSE:

This policy and procedure provides a uniform process to track requests of County of Orange Health Care Agency (HCA) Behavioral Health Services (BHS) Mental Health Plan (MHP) (hereby referred to as Orange MHP) and Drug MediCal Organized Delivery System (DMC-ODS) Medi-Cal beneficiaries for a change of provider or a second opinion.

POLICY:

When a Medi-Cal beneficiary request either a change of provider or a second opinion, the Orange MHP and DMC-ODS 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 beneficiaries or legal guardians receiving Specialty Mental Health Services (SMHS) through the Orange MHP and Substance Use Disorder (SUD) services through the DMC-ODS, except students only receiving Educationally Related Mental Health Services (ERMHS).

REFERENCES:

Agreement between the Department of Health Care Services (DHCS) and Orange County Behavioral Health Services, Exhibit A, Attachment 2

Code of Federal Regulations, Title 42, § 438.206(b)

California Code of Regulations, Title 9, § 1810.405(e)

FORMS:

Change of Provider/Second Opinion Request Log

Grievance or Appeal Form (F346-706)

PROCEDURES:

I. A beneficiary and/or legal guardian may request a change of provider, either within an organizational provider or between organizational providers. A beneficiary and/or legal guardian may request a second opinion at any time.

A. Change of Provider

1. Beneficiaries and/or legal guardians in County and County Contracted outpatient Orange MHP and DMC-ODS clinics, when initially referred for treatment, shall be offered a choice of providers, whenever possible. After initial provider selection and referral, a beneficiary and/or legal guardian may request a change of provider at any time. The beneficiary and/or legal guardian shall be advised by the clinician regarding the request. The request will be directed to the Service Chief, Program Director or Provider Representative. 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) Cultural/linguistic needs

c) Clinical or therapeutic issues

d) Beneficiary concern related to level of care

e) Specialty needs

f) Beneficiary satisfaction

B. Second Opinion

1. When a beneficiary and/or legal guardian requests a second opinion, it shall be rendered by another licensed mental health professional 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 or Provider Representative will designate the clinician in charge of completing this evaluation. If the second opinion is rendered at a different clinic, then the County Program Manager will designate a County operated or County contracted clinic to render the second opinion evaluation.

2. The clinician rendering the second option shall have the appropriate clinical expertise and shall not have been involved in the initial evaluation or be a subordinate of any such provider.

3. The second opinion will be provided at no cost to the beneficiary.

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

    a) Medical necessity

    b) Clinical and therapeutic issues

    c) Beneficiary and/or legal guardian concern related to level of care

    d) Medication

II. Beneficiary Problem Resolution Process

A. If the beneficiary is still dissatisfied with the change of provider or second opinion request outcome, the beneficiary and/or legal guardian shall be referred to the Grievance and Appeal form and follow the procedures in BHS 09.02.01 Beneficiary Problem Resolution and Grievance Process Policy and Procedure.

III. Documentation

A. The "Request for Change of Provider and/or Second Opinion Log" shall be completed after a request is made by the beneficiary and/or legal guardian and is to include:

1. Date of request

2. Beneficiary’s Medical Record Number (MRN)

3. Medi-Cal eligibility

4. Clinician's name

5. Reason for request

6. Outcome of Request

7. Disposition/reassignment

IV. The Service Chief/Program Director shall oversee and enter into the Integrated Records Information System (IRIS) Electronic Health Record (EHR) PowerForm or complete the Request for Change of Provider/Second Opinion Log (paper version) to ensure information is entered accurately and 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 Authority and Quality Improvement Services (AQIS) for review.

V. Change of provider and second opinion requests shall be tracked, reviewed and monitored at least quarterly by AQIS Division. When instances are identified of three or more requests to change from a particular provider for reasons that may suggest quality

service issues within a quarter, the issue shall be brought to the attention of the Service Chief/Program Director and Program Manager for follow up. In addition, the change of provider requests may be reviewed for discussion at the Community Quality Improvement Committee meetings.