



Policy:	98-01
Subject:	Change of Clinician/Provider Request, including Charitable Choice
Authority:	Title 9 California Code of Regulations, Sections 1830.225 and 1850.205 Title 42 of the Code of Federal Regulations, Part 54. Substance Abuse Prevention Treatment Block Grant Policy Manual, v 2; 3.7.9.
Original Policy Date:	02/03/98
Amended:	Technical edits August 2010; January 9, 2013; February 5, 2016; QM Contact updated in attachments 10/22/19; Amended 10/10/2023.
Supersedes:	AOD 2014-11
Attachments:	A. Request for Change of Provider-English, Revised January 2014; February 2016; October 2023 B. Request for Change of Provider-Spanish, Revised January 2014; February 2016; October 2023 C. Request for Change of Provider-Tagalog, Revised January 2013; April 2016; October 2023 D. Request for Change of Provider-Chinese, Translated April 2016; Revised October 2023 E. SPPN Treatment Plan Updated Form F. BHRS Consumer Rights and Problem Resolution Poster-English G. BHRS Consumer Rights and Problem Resolution Poster-Spanish H. BHRS Consumer Rights and Problem Resolution Poster-Chinese I. BHRS Consumer Rights and Problem Resolution Poster-Tagalog J. BHRS Consumer Rights and Problem Resolution Poster-Russian

PURPOSE:

Clients/consumers receiving services from Behavioral Health and Recovery Services (BHRS) are entitled to request a change of treating clinician or change of program. Whenever feasible, upon request, client/consumers will be provided an opportunity to change providers. This policy ensures that clients/consumers of Mental Health and substance use services are made aware of this right and explains how to request such a change.

This policy applies to all county clinics and providers; all Mental Health and Substance Use Disorder (SUD)/Alcohol & Other Drugs (AOD) contracted agency providers, including faith based; and all private contracted providers.

POLICY:

Clients/consumers receiving services from Behavioral Health and Recovery Services (BHRS) are entitled to request a change of treating clinician or change of program. Whenever feasible, upon request, client/consumers will be provided an opportunity to change providers.



Charitable Choice: Religious organizations are eligible to participate in applicable programs as contracted providers under the same eligibility criteria as any other private provider. A beneficiary has the right to request a change of provider based on the religious character of a program.

A client/consumer may decide to discuss issues or problems concerning their treatment directly with their clinician/provider. If the client/consumer remains dissatisfied with the result or feels uncomfortable raising the issue with the provider, they may request a change at any time. The Client/Consumer may also file a grievance at any time during this process.

Quality Management (QM) will summarize all requests for change of providers (including the results of those requests) received from managers/supervisors, the ACCESS Call Center and agency clinical directors. QM will tabulate the requests for the entire BHRS, the Mental Health Plan (MHP), and the Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan and present the results to the Quality Improvement Committee annually.

SUD/AOD Charitable Choice referrals must be reported to DHCS no later than the first of October following the end of the most recent fiscal year by emailing CharitableChoice@dhcs.ca.gov with the County name, the reporting period, and the number of Charitable Choice referrals. The AOD reporting mailbox shall be copied on the annual DHCS email at: HS_BHRS_AOD_Reporting@smcgov.org.

PROCEDURE:

1. For All County Clinics and Programs and Contracted Mental Health and SUD/AOD Agency Providers:

- a. The BHRS Consumer Rights and Problem Resolution Process posters must be posted in all clinical county sites and contracted provider locations to ensure that the information is readily available to both client/consumers and provider staff. This notice informs client/consumers of their right to request a change of provider or program and explains the complaint and grievance process. The Change of Provider Request Form (attached) must be easily available to clients/consumers in all client-facing lobbies and made available to clients/consumers upon request.
- b. The client/consumer may ask any clinic or agency staff person for a copy of the Change of Provider Request Form (attached).
- c. The client/consumer will complete the Change of Provider Request Form (attached) and submit the form to any staff member. Assistance in completing the Change of Provider Request Form or the grievance form may be provided by unit staff or the Office of Family and Consumer Affairs (OCFA) staff.



- d. Verbal Requests. The client/consumer may verbally request a change from their provider. Staff will either assist the client in completing the Change of Provider Request Form or may complete the Change of Provider Request Form on behalf of the client.
- e. Any staff member who receives a change of provider request will forward it to the Manager or Supervisor on the day it was received.
- f. Manager/Supervisor Role: To improve program quality and understand the nature of the request to change program of service location or provider, Managers/Supervisors shall attempt to obtain information regarding the request from the client/consumer. The client/consumer is under no obligation to provide any reasons for the request. Attempts to outreach to client will be documented in the Electronic Medical Record.
- g. The program of service may be able to clarify a misunderstanding or resolve a concern at a level that is satisfactory to the beneficiary. The beneficiary may, at this time or any other, rescind the change request.
- h. The Manager/Supervisor will review the request for a change of provider. The Manager/Supervisor will make every effort to comply with the client's request when feasible. Frequent or repeated requests, an insufficient number of practitioners, and a clinical reason for not changing the provider are examples of reasons a program manager/supervisor may not be able to accommodate a client/consumer change of provider request.
- i. BHRS Program/Contract manager will be consulted via email regarding all denials involving requests to change of provider prior to being finalized. For BHRS staffed programs all denials involving requests to change a prescribing provider will be reviewed with the Supervisory Psychiatrist prior to final determination.
- j. All agencies/providers must have a process for closed loop referrals to coordinating and referring the beneficiary to available resources and ensure that when a change of provider request is approved, the consumer/client makes contact with the alternate provider to whom they are referred.
- k. Timeline: The Manager/Supervisor will respond directly to the client/consumer within two weeks regarding the decision. The Manager/Supervisor shall attempt to verbally notify the beneficiary of the outcome. If unable to notify the client after two attempts, the Manager/Supervisor will send written notification to the client. All attempts to reach the client will be documented in the Electronic Medical Record. If the request is denied,



the client must be informed of their right to file a grievance, and that the Office of Consumer and Family Affairs (OCFA) is available to assist in this process.

- l. As mandated by DHCS, the Manager/Supervisor will send the Change of Provider Request Form to Quality Management (QM) at HS_BHRS_QM@smcgov.org or Fax 650-525-1762 immediately following the decision. The forms will be maintained in a confidential file by QM and not be scanned into the client record.
- m. The Manager/Supervisor will notify the provider of the decision as soon as possible.
- n. Grievance of Outcome: The client/consumer may file a grievance at any time during this process per the [BHRS POLICY 19-01](#) Consumer Problem Resolution and Notice of Adverse Benefits Determination Resolution System.
- o. Notification of No Adverse Effect: Clients/consumers should be assured that they will not be subjected to discrimination or any other penalty for requesting a change of provider, no matter what the reason for the request is.

2. For Private Contracted Providers:

- a. Client (or Care Coordinator) completes the BHRS Change of Provider Request Form (attached).
- b. BHRS Change of Provider Request Forms are to be delivered via secure email to BHRS Quality Management (QM) at HS_BHRS_QM@smcgov.org or Fax 650-525-1762. The Change of Provider request shall not be included in the client's electronic medical record and should be saved in a confidential change of provider file maintained by the provider.
- c. Approving supervisor reviews and approves request.
- d. Care Coordinator contacts Specialty Mental Health Private Provider Network (SPPN) provider to inform them of change of provider request and decision.
- e. Care Coordinator completes the Treatment Plan Update Form to reflect the Electronic Medical Record treatment plan dates, services, etc., and checks the Change of Provider box.
- f. Care Coordinator emails the completed Treatment Plan Update Form (attached) to Access at BHRS-Call-Center-PPNReferrals-Internal@smcgov.org using the subject line SPPN Change of Provider. The Form will include any pertinent information regarding the reason for request, (specific provider, language, specialty, licensed provider, etc.)



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- g. The client/consumer may also verbally request a change of provider to their current contracted provider. The provider will reach out to Care Coordinator at the Regional Clinic. The Care Coordinator will review the request with the client and ensure that the Change of Provider Request Form is completed. The care coordinator will confer with the unit supervisor and determine whether the clinic can provide the therapy internally or if therapy is still needed in the from a SPPN therapist. When appropriate, the Care Coordinator will submit a Treatment Plan Update Form (TPUF) to the Access Call Center. The Call Center will make every effort to comply with the consumer's request whenever feasible.

- h. As mandated by DHCS, the Manager/Supervisor will send the Change of Provider Request Form to Quality Management (QM) at HS_BHRS_QM@smcgov.org or Fax 650-525-1762 immediately following the decision. The forms will be maintained in a confidential file by QM and not be scanned into the client record.

Approved: _____

Dr. Jei Africa, PsyD, MSCP, CATC-V, FACHE
He/His
Director
Behavioral Health and Recovery Services