

SAN MATEO COUNTY HEALTH  
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: February 3, 1998

BHRS 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

AMENDED: Technical edits August 2010; January 9, 2013; February 5, 2016; QM Contact updated in attachments 10/22/19

SUPERSEDES: AOD 2014-11

ATTACHMENTS:

- A. Request for Change of Provider – English, Revised January 2014; February 2016
- B. Request for Change of Provider – Spanish, Revised January 2014; February 2016
- C. Request for Change of Provider – Tagalog, January 2013; Revised April 2016
- D. Request for Change of Provider – Chinese, Translated April 2016

PURPOSE:

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
- 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. This policy ensures that clients/consumers of Mental Health and AOD services are made aware of this right and explains how to request such a change.

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.

The BHRS Consumer Rights and Problem Resolution Process posters must be posted in all county sites and contracted provider locations. This notice informs client/consumers of their right to request a change of provider or program and explains the complaint and grievance process.

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. The client/consumer may also file a grievance at any time during this process.

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.

#### PROCEDURE:

- For county clinics, and contracted mental health and SUD/AOD agency providers

The client/consumer may ask any clinic or agency staff person for a copy of the Change of Provider Request Form (see attached). The client/consumer will complete the form available in each clinic or agency lobby. Staff may assist the client/consumer to fill out the form upon request.

Any staff member who receives a change of provider request will forward it to the Manager or Supervisor on the day it was received.

**The Manager/Supervisor will respond directly to the client/consumer within two weeks regarding the decision. The manager will make every effort to comply with the client's request.** If the request is denied, the client must be informed of his/her right to file a grievance, and that the Office of Consumer and Family Affairs (OCFA) is available to assist in this process.

Assistance in completing the Change of Provider Request Form or the grievance form may be provided by unit staff or the OCFA staff.

**As mandated by DHCS, the manager or supervisor will send the Change of Provider Request Form to Quality Management (QM) immediately following the decision.** The

forms will be maintained in a confidential file by QM and not be scanned into the client record.

- For Private Providers contracted deliver to Behavioral Health & Recovery Services

The client/consumer may verbally a request a change from their provider. Providers will refer the client/consumer to the BHRS Call Center. **The Call Center will make every effort to comply with the consumer's request. As mandated by DHCS, the Call Center will forward all requests to QM immediately following the decision.**

- QM staff will summarize all requests for change of providers (including the results of those requests) received from unit chiefs, the Call Center and agency clinical directors. QM will tabulate the requests for the entire BHRS and Mental Health Plan (MHP) and present the results to the Quality Improvement Committee within two months of the close of the fiscal year.

Approved: \_\_\_\_\_ *(Signature on File)*  
Stephen Kaplan, LCSW  
BHRS Director