



COUNTY OF YOLO
HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 9, POLICY 010

CHANGE OF PROVIDER REQUESTS

POLICY NUMBER:	5-9-010
SYSTEM OF CARE:	MENTAL HEALTH
FINALIZED DATE:	08/07/2023
EFFECTIVE:	08/01/2023
SUPERSEDES # :	N/A

- A. PURPOSE:** To establish a mechanism enabling Specialty Mental Health Service (SMHS) consumers to request a provider change, for the change to be made in the most clinically appropriate manner, and to enhance the quality improvement processes.
- B. DEFINITIONS:** N/A
- C. RELATED DOCUMENTS:**
 - 1. Change of Provider Request Form (English, Spanish, and Russian)
- D. POLICY:**
 - 1. Whenever feasible, the Yolo County MHP, at the request of the beneficiary, shall provide a beneficiary who has been determined by Yolo County to meet the medical necessity criteria for outpatient psychiatrist, psychologist, Early Periodic Screening Diagnosis and Treatment (EPSDT) supplemental specialty mental health, rehabilitative or targeted case management services an initial choice of the person who will provide the service to the beneficiary. At the election of the County, it may limit the beneficiary's choice to either a choice between two of the individual providers contracting with the County, or a choice between two of the persons providing services who are employed by, contracting with, or otherwise made available by the group or organizational provider to whom Yolo County has assigned the beneficiary.

2. Whenever feasible, the Yolo County MHP, at the request of the beneficiary, shall provide beneficiaries an opportunity to change persons providing outpatient psychiatrist, psychologist, EPSDT supplemental specialty mental health, rehabilitative, or targeted case management services. At the election of the County, it may limit the beneficiary's choice of another person to provide services, to either an individual provider contracting with the County, or to another person providing services who is employed by, contracting with, or otherwise made available by the group or organizational provider to whom the County has assigned the beneficiary.
 - a. This includes the right to change to a culture-specific provider.

E. PROCEDURE:

1. A notice informing a client of his/her right to request a provider change shall be posted in all Yolo County Health and Human Services Agency (HHS) and SMHS contract provider sites.
2. A client should be encouraged to discuss concerns regarding a provider change directly with his or her provider. Clients are not required, however, to discuss concerns with their current provider prior to requesting a change.
3. A client may verbally make a change request or submit a written request form to any HHS staff member. If the request is made verbally, the HHS staff member will provide the client with the appropriate form and assist the client as needed in completing it before following the steps outlined below:
 - a. For Adult/Older Adult programs, the change of provider request process is as follows:
 - i. If the request is for non-clinical reasons (i.e., a change in office location, a change from Zoom to in-person sessions when the current prescriber does not have such capability), the Medical Office Supervisor may approve and schedule a new provider/appointment in a location most convenient for the client.
 - a. The completed change of provider request form is routed to Yolo County Behavioral Health Quality Management (BH-QM) for logging and follow-up as indicated.
 - ii. If the request is for clinical reasons (i.e., medication issues, concerns regarding provider care) medical office support staff will route the request to the medical director or designee for approval/denial, and/or to BH-QM for any associated grievance follow-up that is required per Yolo County's grievance policy.
 - a. If the request is approved, the administrative team contacts the client to make an appointment with a new prescriber.

writing by the BH-QM team, what decisions are made, when the client is sent a resolution letter, and other relevant information.

- b. Any contact with the client for additional information or to facilitate any related grievance resolution resulting from the change of provider request will also be logged.
- c. Completed forms and other related documents and emails will be filed electronically per the BH-QM team’s protocol.

F. REFERENCES:

- 1. 9 C.C.R. § 1830.225 and § 1850.205
- 2. 42 C.R. F. § 438.10
- 3. DHCS Information Notice 18-010E: Federal Grievance and Appeal System Requirements with Revised Beneficiary Notice Templates

Approved by:

**Karleen Jakowski, LMFT, Mental Health Director
Yolo County Health and Human Services Agency**

Date