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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:

- 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 (HHSA) 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 HHSA staff member. If the request is made verbally, the HHSA 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.

- b. The medical director or designee provides feedback to the prescriber and client in cases where problematic treatment issues have been identified and documents such follow-up as appropriate.
- iii. If the request is for a change in case manager or clinician, Medical Office Supervisor will route the request to the appropriate staff's supervisor and to BH-QM for any associated grievance follow-up that is required.
 - a. Notification of denial or approval/new appointment are made by appropriate case management or clinical staff.
 - b. Staff supervisors provide feedback to clinical/case management staff and clients in cases where problematic treatment issues have been identified and documents such follow-up as appropriate.
 - c. Support staff scan completed change of provider forms into Avatar's "Confidential Do Not Release" folder and make note of the new appointment through the Scheduling Calendar indicating that the appointment is for a change of provider request.
- For Children/Youth/Family (CYF) programs, all change of provider request forms are processed and approved by Yolo County's CYF manager.
 - i. The completed change of provider request form is routed to BH-QM for logging and follow-up as indicated.

4. Denying the request

- a. The medical director or designee, supervisor or manager may decide against changing providers under the following circumstances:
 - i. There are a series of change requests by the same client
 - ii. There is no other provider with the skills necessary to treat the particular client
 - iii. There are strong clinical reasons not otherwise listed
- b. If the medical director/designee or supervisor/manager denies the request, this information will be relayed to BH-QM for follow-up with the client in the resolution letter, which includes client rights and information for filing a grievance.
- 5. Clients will not be subjected to discrimination or any other penalty for requesting a change of provider.
- 6. BH-QM will maintain a file of all change of provider requests.
 - a. A log will be maintained to track when the change of provider request is received, when the client is sent an acknowledgement of receipt in

- 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: | |
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| Karleen Jakowski, LMFT, Mental Health Director Yolo County Health and Human Services Agency | Date |