SANTA CRUZ COUNTY
Behavioral Health Division

POLICIES AND PROCEDURE MANUAL

Subject: Beneficiary Choice of Providers (MHP and DMC-ODS)

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Responsible for Updating: Quality Improvement Staff

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BACKGROUND:
Santa Cruz County Behavioral Health Division, which comprises Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) network providers, is committed to employing diverse providers and offering a choice in provider when feasible.

SCOPE:
Providers who render MHP and DMC-ODS services shall adhere to this policy and ensure beneficiaries are aware of the option to request a change of providers.

PURPOSE:
To implement a beneficiary's provider choice and to accommodate gender, cultural, and linguistic needs, whenever possible.

POLICY:
Beneficiaries have a right to request a change of providers. Behavioral Health Division shall respond to a beneficiary request to choose or change persons providing outpatient psychiatric, EPSDT, specialty mental health, substance use disorder, rehabilitative, or targeted case management services, whenever feasible. Requests for culturally or linguistically specific providers will be prioritized.

DEFINITIONS:

Beneficiary: Adult or minor with Santa Cruz County Medi-Cal enrolled in MHP and/or DMC-ODS services.

PROCEDURES:
1) **Request for Provider**
   The following individuals may initiate a request for either an initial choice or change of provider:
   a) Adult or child beneficiary

b) Conservator, for conserved adult beneficiary
c) Parent or legal guardian for beneficiaries under 18 years of age.

Use of the term 'beneficiary' in this policy includes any of the above.

2) Initial Choice of Providers:

a) Beneficiaries meeting medical necessity criteria may request a choice of providers.
b) Whenever possible, the beneficiary will be offered a choice between at least two individual providers, or two providers in an organization.
At the onset of services, the Access Team provides the following items, all of which are available in the lobby and provide information regarding beneficiary choice of providers.
(1) Beneficiary Handbook
(2) Provider Directory information
(3) MHP and/or DMC-ODS Description of Services
c) A beneficiary's request to access culture-specific community providers that are contracted by the MHP and DMC-ODS will be granted, whenever feasible.

3) Change of Providers

a) Beneficiary Request:
Beneficiaries may request a change of provider in person, by phone, or in writing. When a beneficiary is conserved, the request must come from their conservator. Every request to change provider is directed to the Quality Improvement branch for processing.

b) Quality Improvement Responsibilities
When a beneficiary submits a Changing Your Treatment Staff form, it is immediately routed to the Quality Improvement (QI) mailbox. A QI staff member will then:
(1) Enter the request into a database,
(2) Inform the beneficiary their request has been received and gather additional information from the beneficiary regarding their request.
(3) Forward the request to the supervisor of the current treatment provider.

c) Review Process
(1) The MHP and DMC-ODS will approve such requests whenever feasible, but may limit the beneficiary's choice of providers to MHP providers found in the MHP Provider Directory, providers in the DMC-ODS network, and/or providers on the Managed Care Panel.
(2) If it is the beneficiary's first request, the supervisor reassigns the client to a new clinician and communicates this outcome to Quality Improvement unless there are extremely compelling reasons not to comply with the request.
(3) If the beneficiary has requested other changes in the past, Quality Improvement works with treatment team to further investigate/ explore relevant clinical or systemic issues affecting the case.
(i) The beneficiary may be contacted again to gather additional information.
(4) The treatment team and Quality Improvement (QI) staff come to a decision and QI staff informs the beneficiary of the outcome verbally.

(5) All requests to change treatment staff include a letter to the beneficiary documenting the outcome (approved or denied) and QI contact information if they disagree with the outcome. All outcomes and review steps are documented in the QI database
(6) Requests to change treatment staff will be resolved within 45 days of receipt of the request from the beneficiary. The timeline may be extended by 14 days if in the best interest of the beneficiary.

d) Related to Grievance
(1) If the request to change treatment staff involves a grievance, confidentiality of the grievance is maintained unless the beneficiary gives specific permission to discuss the request with the clinician and disclose the nature of the grievance.
(2) QI staff will follow the protocol for grievance (See policy 3224: Beneficiary Grievance and Appeal Process).
(3) The beneficiary will be informed that if the request to change treatment staff is related to a complaint, they may file a grievance orally or in writing with Quality Improvement.

4) Informing Beneficiaries of Ability to Request Provider Change

a) Information brochures are available in lobby waiting areas concerning the beneficiary's right to change their providers.
b) The Changing Your Treatment Staff brochure informs beneficiaries of their options, including their right to request a change.in treatment staff. The brochure contains a Request Treatment Staff Change form that can be used to facilitate this.
c) Beneficiaries will be provided with a list of providers, including available alternatives and options for cultural and linguistic services.

PRIOR VERSIONS: 11/20/18, 11/15/2018, 10/13/2016, 11/13/2014, 7/13/2004, 10/13/2016. 11/13/2020, 7/1/2024

REFERENCES: CCR, Title 9, Chapter 11 1830.225; 42 CFR Section 438.6 & MHP Contract

FORMS/ATTACHMENTS: Changing Your Treatment Staff (Request to Change Your Treatment Staff brochure), MHP Provider Directory, MHP & DMC-ODS Beneficiary Handbooks, MHP and/or DMC-ODS Description of Services