



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT REQUEST FOR CHANGE OF PROVIDER	POLICY NO. 200.05	EFFECTIVE DATE 08/29/2016	PAGE 1 of 6
APPROVED BY: <i>Robin Kay, Ph.D.</i> Acting Director	SUPERSEDES 200.05 06/03/2010	ORIGINAL ISSUE DATE 01/01/2003	DISTRIBUTION LEVEL(S) 1, 2

PURPOSE

- 1.1 To provide a formal process for beneficiaries to request a change in provider (location) or rendering provider.
- 1.2 To specify reporting requirements of the Medi-Cal Specialty Mental Health Services Consolidation waiver program from the Centers of Medicare and Medicaid Services (CMS) with regard to children with special mental health needs.
- 1.3 To comply with the California Department of Health Care Services (DHCS), Mental Health Services Division’s (MHSD’s) request that Local Mental Health Plans (LMHPs) adopt these reporting requirements for **all Medi-Cal** beneficiaries seen through the LMHP, regardless of age.

DEFINITION

- 2.1 **Children with special mental health care needs are Medi-Cal beneficiaries under the age of nineteen (19), if they are (Authority 1):**
 - 2.1.1 Eligible for Medi-Cal based on their eligibility for Supplemental Security Income (SSI), blindness or disability, in Foster Care or Adoption Assistance programs;
 - 2.1.2 Enrolled in Home and Community-Based Service Model waiver programs; or
 - 2.1.3 Receiving services from the California Children’s Services (CCS) program.



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2.2 Provider:

2.2.1 **Provider location:** A specific location and/or rendering provider (defined in Section 2.2.2).

2.2.2 **Rendering Provider:** Staff who provides services to beneficiaries (i.e., psychiatrist, psychologist, psychiatric social worker, case manager, therapist, etc.).

2.3 Voluntary Change:

2.3.1 Only changes of provider, both location and rendering, that are the result of beneficiary requests constitute “voluntary changes in outpatient specialty mental health providers.”

2.3.2 The following occurrences do not constitute a “voluntary change of provider.”

2.3.2.1 A beneficiary changes rendering provider due to staff turnover, staff reorganization, or termination of a provider contract;

2.3.2.2 A beneficiary moves to a different geographic area within the County and, therefore, changes service locations and rendering provider(s);

2.3.2.3 A beneficiary changes rendering provider from a child to an adult provider; and

2.3.2.4 A beneficiary is discharged from the system.

2.4 Grievance: An expression of dissatisfaction by beneficiary.



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POLICY

- 3.1 Los Angeles County Department of Mental Health (LACDMH) recognizes that beneficiaries have the right to request a change of provider location and rendering provider (i.e., psychiatrist, psychologist, psychiatric social worker, case manager, therapist, etc.) to achieve maximum benefit from mental health services. Every effort shall be made to accommodate such requests.
- 3.2 Per the California Department of Mental Health (CDMH) Information Notice No. 01-05, the LACDMH shall report to the DHCS, no later than October 1st of each year, the number of Medi-Cal beneficiaries who voluntarily change their outpatient mental health provider during the fiscal year pursuant to California Code of Regulations (CCR) Title 9 Section 1830.225. The report shall be based on data from the prior fiscal year (Authority 1 and Authority 2).
- 3.3 Per the CDMH Information Notice No. 01-05, the LACDMH shall report to the DHCS, no later than October 1st of each year, the number of complaints raised through the LMHP's beneficiary problem resolution process, including complaints and grievances as described in CCR Title 9 Section 1830.205 (Authority 1 and Authority 3).
- 3.4 LACDMH's Quality Improvement Division shall review data from the Quality Improvement Unit (QIU) in the Patients' Rights Office (PRO) regarding Requests for Change of Provider on a quarterly and annual basis. Appropriate action will be taken based on the data.

PROCEDURE

- 4.1 Beneficiaries may request a change of provider location or rendering provider by completing and submitting the Request for Change of Provider form (Attachment 1).
 - 4.1.1 Request for Change of Provider forms are available at provider locations upon request.



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- 4.1.2 Beneficiaries may request assistance with completing the Request for Change of Provider form from any mental health staff or PRO advocate.
- 4.1.3 Completed Request for Change of Provider forms shall be submitted to clinic staff.
- 4.1.4 The beneficiary shall receive a copy of Request for Change of Provider form (Attachment 1, Page 1) signed by clinic staff as a receipt.
- 4.2 Program Managers shall attempt to accommodate all beneficiary requests to change providers.
 - 4.2.1 The beneficiary is under no obligation to provide any reasons for his/her request to change provider location or rendering provider. However, in order to improve the quality of programs and understand the nature of the request, Program Managers should attempt to obtain information regarding the request from the beneficiary. The program 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 request.
 - 4.2.2 Frequent or repeated requests or an insufficient number of providers are examples of reasons why Program Managers may not be able to accommodate a beneficiary for a change of provider. Program Managers shall document these reasons in Section 4 of the Request for Change of Provider form.
- 4.3 Within ten (10) working days of receipt of the Request for Change of Provider form, the Program Manager shall attempt to verbally notify the beneficiary of the outcome, followed by the appropriate written confirmation (Attachment 2 and Attachment 3).
 - 4.3.1 The appropriate written confirmation of notification shall be **maintained in a separate administrative file** and retained for seven (7) years.



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- 4.3.2 If the beneficiary is not satisfied with the outcome of the request, he/she may pursue the LMHP’s Beneficiary Problem Resolution Process (LACDMH Policy No. 200.04, Beneficiary Problem Resolution Process, Authority 4) and file a complaint or grievance.

- 4.4 A beneficiary requesting to change a LMHP network provider shall contact the QIU in the PRO.
 - 4.4.1 Within ten (10) working days of receiving the request, Beneficiary Services Program shall provide the beneficiary with alternative names of network providers in the area of choice.
 - 4.4.2 QIU shall maintain a Request to Change Provider Log for the requests received from beneficiaries for network providers.
 - 4.4.3 The Request to Change Provider Log shall be retained by the QIU for seven (7) years.

- 4.5 All submitted Request for Change of Provider forms shall be collected by the Program Manager at the end of each working day and **maintained in a separate administrative file.**
 - 4.5.1 Request for Change of Provider forms shall be retained by the Program Manager for seven (7) years.
 - 4.5.2 Request for Change of Provider forms shall be reviewed by the agency’s Quality Improvement Committee to determine if there are any trends present.
 - 4.5.3 In addition to the Request for Change of Provider forms, Program Managers shall maintain a Request to Change Provider Log (Attachment 4).
 - 4.5.3.1 Copies of the logs shall be e-mailed via a secure e-mailing system to the QIU in the PRO at DMHCOP@dmh.lacounty.gov on a monthly basis. The logs



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shall be due by the tenth (10th) day of the following month for which the log is completed.

- 4.5.3.2 In the event that the Program does not receive any requests for change of provider for a particular month, the Program Manager shall complete the monthly log to reflect no request received for this reporting month and may submit the log to the QIU via a secure e-mailing system. The e-mail confirmation that a log(s) was received shall not include any Protected Health Information (PHI). The log shall be due by the tenth (10th) day of the following month for which the log is due. The e-mail address is DMHCOP@dmh.lacounty.gov.

AUTHORITY

1. California Department of Mental Health Information Notice No. 01-05
2. California Code of Regulations Title 9 Section 1830.225
3. California Code of Regulations Title 9 Section 1830.205
4. LACDMH Policy No. 200.04, Beneficiary Problem Resolution Process

ATTACHMENT (HYPERLINKED)

1. Request for Change of Provider
[English](#)
[Spanish](#)
2. Response Letter Sample for Change of Provider Request Not Granted
[English](#)
[Spanish](#)
3. Response Letter Sample for Change of Provider Request Appointment Scheduling
[English](#)
[Spanish](#)
4. [Request for Change of Provider Monthly Log](#)

RESPONSIBLE PARTY

LACDMH Patients' Rights Office