County of San Bernardino
Department of Behavioral Health

Requesting an Initial Choice of Provider and a Change of Provider Policy

Policy
It is the policy of the Department of Behavioral Health to ensure guidelines are set for beneficiaries requesting an Initial Choice of Provider or Change of Provider.

Purpose
To inform patients with information on the process for requesting an Initial Choice of Provider and/or Change of Provider

Requirement
Whenever feasible and at the request of the beneficiary, DBH shall provide the following:

- An initial choice provider
- An opportunity to change a provider

Note: This person will provide specialty mental health services, including the right to use culturally specific providers.

Initial Choice of Provider
The table below lists the process for beneficiaries requesting an Initial Choice of Provider:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1     | The beneficiary is informed upon first accessing services that they may request a specific provider including culturally specific, geographically specific, specialty treatment specific, or population specific (adults, children, etc).  

**Note:** the DBH Consumer Guide, which is given to the beneficiary when they first access services or upon request, specifically informs them of this right, and a list of MHP providers is distributed upon the beneficiaries’ request. |
| 2     | Upon receipt of the requests, DBH staff will make every effort to honor the requests as reasonably and appropriately as possible |
The beneficiary may request for a change of provider directly to the treating fee-for-service provider, the DBH provider or the clinic supervisor at the site where services are rendered.

**Note:** This request can be done at any time before or during treatment.

The table below lists the process for beneficiaries requesting a change of provider:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The beneficiary will complete a Change of Provider Request Form obtained from the DBH Internet/Intranet website <a href="http://countyline/dbh/state_informing.htm">http://countyline/dbh/state_informing.htm</a></td>
</tr>
<tr>
<td>2</td>
<td>The form will be returned to the clerk at the clinic</td>
</tr>
<tr>
<td>3</td>
<td>DBH staff will review the request and make efforts to honor the request as reasonably and appropriately as possible.</td>
</tr>
</tbody>
</table>