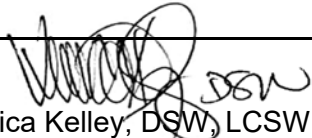




Request for Second Opinion Policy

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Policy It is the policy of San Bernardino County Department of Behavioral Health (DBH), as the Mental Health Plan (MHP), to afford clients the right to request a second opinion when it is determined the client is not entitled to Specialty Mental Health Services (SMHS) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services.

Purpose This policy outlines the requirements of DBH when a second opinion is requested by a client of either the MHP or the DMC-ODS.

DBH Requirements When requested by a client, DBH shall provide a second opinion by a licensed mental health professional within its network of care or will arrange for the client to obtain a second opinion outside the DBH network. The second opinion will be provided at no cost to the client regardless if the second opinion is completed by a network provider or an out of network provider.

The licensed mental health professional rendering the second opinion shall have the appropriate clinical expertise and shall not have been involved in the initial evaluation or be a subordinate of the evaluator. Psychiatric technicians, licensed vocational nurses, and certified or registered alcohol and drug counsellors, shall not render second opinions as they are not recognized as licensed mental health professionals.

Form Requirements The Request for Second Opinion form is available in English QM048_E and Spanish QM048_S. The forms are available in the lobbies of all clinics that render services and on the DBH website.

A client and/or legal guardian may request a second opinion when DBH or its network of providers, including contract agencies and Fee For Service providers, determines the client does not meet medical necessity and therefore is not entitled to either SMHS or DMC-ODS services.

The Request for Second Opinion form is required and may be completed by the client or legal guardian in writing, or verbally if preferred by contacting the DBH Access Unit at 1 (888) 743-1478 or DBH Patients' Rights Office at 1 (800) 440-2391. A representative from either the Access Unit or Patients' Rights Office will complete and submit the Second Opinion Request form on behalf of the client.

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Log Requirements

DBH is required to maintain a Second Opinion Log for each request received. The log must contain the following elements:

- Client name;
- Date of birth, Last 4 digits of Social Security Number, or other unique identifying information;
- Name and relationship of the requestor if different than the client;
- Date of request;
- Client Medical Record Number, if applicable;
- Medi-Cal eligibility, if applicable;
- Name of program that originally determined service ineligibility;
- Name and licensure of the provider that originally determined service ineligibility;
- Reason for request;
- Outcome of request;
- Date request was resolved/completed, and
- Disposition/reassignment

DBH Quality Management (QM) is required to maintain a log for auditing and tracking purposes as requested by the Department of Health Care Services (DHCS).

Referenced Forms, Policies, and Procedures

This information block will guide you to all forms, policies, and procedures referenced in this Procedure.

[DBH Departmental Forms:](#)

- QM048_E Request for Second Opinion (English)
 - QM048_S Request for Second Opinion (Spanish)
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Related Policy or Procedure

[DBH Standard Practice Manual:](#)

- QM6053-1 Request for Second Opinion Procedure
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Reference(s)

- California Code of Regulations, Title 9, Section 1810.405(e)
 - Code of Federal Regulations, Title 42, Section 438.206(b)
 - Revenue Contract with the California Department of Health Care Services for the Provision of Specialty Mental Health Services
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