



Requesting an Initial Choice of Provider or Change of Provider Procedure

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Purpose To inform Department of Behavioral Health (DBH) staff, contract agencies, Fee for Service (FFS) providers and clients of the process for requesting an initial choice of provider or change of provider.

Initial Choice of Provider Process The following describes the process for clients to make an initial choice of provider:

Step	Description
1	Client is informed upon first accessing services that they may request a specific provider including culturally, geographic, specialty treatment or population specific (adults, children, etc.) from the DBH Provider Directory. Note: The Mental Health Plan (MHP) Beneficiary Handbook and Drug Medi-Cal Organized Delivery System (DMC-ODS) Member Handbook is given to the client when they first access services or upon request and specifically informs them of this right. Clients are also provided information on how to access the Mental Health Plan Organizational/Rendering Provider Directory or Substance Use Disorder and Recovery Services Provider Directory, or a copy is provided upon request.
2	Upon receipt of the request(s), DBH staff, contract agencies and FFS providers shall make every effort to honor the client's request, if reasonable and appropriate.

Request for Change of Provider Clients may request a change of provider through the following means:

- Directly from the lobby of the clinic where they are receiving services;
- Obtain the request form directly from the DBH website:
 - Change of Provider Request Form QM047_E, or
 - Change of Provider Request Form (Spanish) QM047_S
- Make the request directly to the treating service provider or the Clinic Supervisor at the clinic where services are rendered;
- Call the Patients' Rights Office at (800) 440-2391; or
- Call the DBH Access Unit at (888) 743-1478 to request staff complete and submit the form on their behalf.

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Requesting an Initial Choice of Provider or Change of Provider Procedure, Continued

Change of Provider Process

The following describes the process for clients to request a change of provider:

Step	Description
1	Client completes a Change of Provider Request Form. Clinic staff where services are being provided, Access Unit and Patients' Rights Office staff may also complete on client's behalf.
2	<p>Client submits the form via one of the following methods:</p> <ul style="list-style-type: none"> • Return form to the staff at the front desk of the clinic where services are received; <ul style="list-style-type: none"> ○ If a DBH clinic, contract agency or FFS provider receives the request from the client, receiving staff will review and complete page 3 of the form. Staff will email the completed form to DBH-ChangeofProviderRequest@dbh.sbcounty.gov upon resolution but no later than the 5th day of the month, following the date the request for change was made. • Request the Access Unit or Patients' Rights Office to submit form once staff completes the Change of Provider Request Form on client's behalf. <ul style="list-style-type: none"> ○ If the Access Unit or Patients' Rights Office completes the form on behalf of the client, the form will be submitted via email to DBH-ChangeofProviderRequest@dbh.sbcounty.gov within 2 business days of receiving the form. • Client may complete and email the form to: DBH-ChangeofProviderRequest@dbh.sbcounty.gov or • Client may mail the form to the following address: <p style="margin-left: 40px;">DBH Quality Management Division Attention: Change of Provider 303 E. Vanderbilt Way San Bernardino, CA 92415</p>

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Requesting an Initial Choice of Provider or Change of Provider Procedure, Continued

Change of Provider Process, continued

Step	Description
3	<p>DBH-QM will monitor the Change of Provider mailbox and incoming mail daily and complete the following actions, once a request is received:</p> <ul style="list-style-type: none"> • Log the Change of Provider request; • Review the request; • Send the request to the Clinic Supervisor of the applicable clinic and update the log, • Log the outcome of the request when the completed form is returned from the clinic, and • Notate any trends regarding Change of Provider requests to report to the applicable clinics and Quality Management Action Committee (QMAC).
4	<p>Upon receipt of the Change of Provider form from DBH-QM, the DBH clinic, contract agency clinic or FFS provider shall complete the following actions:</p> <ul style="list-style-type: none"> • When the request is for a specific provider, the Clinic Supervisor must determine if the specific service provider renders the services the client receives, and • Clinic Supervisor will make efforts to honor the request as reasonably and appropriately possible; • When the request is <u>not</u> for a specific provider, the clinic shall determine if a different provider can be assigned and will make efforts to honor the request as reasonably and appropriately possible; • Notify the client whether the change of provider request was granted within 10 business days of receiving the request form; • Implement the change of provider within 10 business days of receiving the request form, and • Notify DBH-QM of the outcome of the change of provider request by emailing the completed form to DBH-ChangeofProviderRequest@dbh.sbcounty.gov upon resolution but no later than the 5th day of the month, following the date the request for change was made.

Note: A change of provider request can be done at any time before or during treatment. Requesting a change does not affect the client's services or eligibility.

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Requesting an Initial Choice of Provider or Change of Provider Procedure, Continued

Referenced Forms, Policies, and Procedures

The forms, policies, and procedures referenced in this procedure can be:

[DBH Departmental Forms Section:](#)

- Change of Provider Request Form QM047_E
- Change of Provider Request Form (Spanish) QM047_S

[DBH Internet Home Page, Services section:](#)

- Mental Health Plan Beneficiary Handbook
 - Mental Health Plan Organizational/Rendering Provider Directory
 - Drug Medi-Cal Organized Delivery System Member Handbook
 - Substance Use Disorder and Recovery Services Provider Directory
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Related Policy or Procedure

[DBH Standard Practice Manual:](#)

- Requesting an Initial Choice of Provider or Change of Provider Policy (QM6006)
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Reference(s)

- California Code of Regulations, Title 9, Section 1830.225
 - Code of Federal Regulations, Title 42, Section 438.3
 - DBH Revenue Agreement with the State of California for the Substance Use Disorder Drug Medi-Cal Organized Delivery System, contract number 21-03
 - DBH Revenue Agreement with the California Department of Health Care Services for the Provision of Specialty Mental Health Services, contract number 13-358
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