

COMMUNITY MENTAL HEALTH OF MUSKEGON COUNTY

POLICY and PROCEDURE

No. 04-028

Prepared by:

Effective:

August 24, 2007

Reviewed/Revised:

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Risk Management Committee

Approved by:

Subject:

Choice of Mental Health  
Professional

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Julia Rupp, Executive Director

I. POLICY

Community Mental Health of Muskegon County will provide recipients with a Choice of Mental Health Professional to the extent possible, appropriate, and as resources are available.

II. PURPOSE

To ensure recipients are given a choice of providers and a process to change providers if requested.

III. APPLICATION

All mental health programs operated by/or under contract with Community Mental Health Services of Muskegon County.

IV. DEFINITIONS

A. Contraindication: Any condition, especially disease, which renders some particular line of treatment undesirable or improper.

B. Grievance: An expression of dissatisfaction about any matter relative to a Medicaid or non-Medicaid covered service, which does not involve a rights complaint. Possible subjects for grievances include, but are not limited to, quality of care or services provided and aspects of interpersonal relationships between a service provider and the individual served.

- C. Indication: A particular line of treatment which is desirable or proper.
- D. Medically Necessary: Services deemed reasonable and necessary for a recipient's current condition.
- E. Mental Health Professional: Applicable mental health professionals regarding this procedure include Psychiatrist, Physician's Assistant, Nurse, Occupational Therapist, Speech Therapist, Physical Therapist, Masters Level Clinician, Supports Coordinator, and Direct Care Provider.

## V. PROCEDURE

- A. If a recipient is not satisfied with his or her provider, the individual or parent/legal guardian of the individual can request a change of service providers.
- B. The recipient, or parent/legal guardian, can request a change in service provider at any time in the treatment process.
- C. A "Recipient Rights Change Request" form, (C248), is to be completed by the recipient or parent/legal guardian, outlining the request and the reason for the requested change. Assistance in completing the form will be provided, if needed, by the immediate supervisor of the assigned worker, or designee.
- D. The "Recipient Rights Change Request" form, (C248), is then sent to the immediate supervisor of the assigned worker to review.
- E. The immediate supervisor reviews the request, the clinical record, discusses the request with the current provider(s), and may meet, or discuss, with the recipient or parent/legal guardian. Consultation with a similar provider to the one being requested is available to the supervisor, if desired, to assist with making the determination.
- F. The supervisor makes a determination whether the request for a change in providers is approved or denied, and documents outcome in the medical record within five (5) days of receipt. A denial of a request for change in providers would only be determined if the providers and supervisor have clinical/resource reasons for denying the request.
- G. The supervisor ensures the recipient/parent/legal guardian is notified if the request is approved and arrangements for the requested change are made. The supervisor documents the actions in the medical record.

- H. If the request is denied, the supervisor will meet with the recipient and explain the reason for the denial. If the individual does not agree with the decision, the supervisor completes the “Recipient Rights Change Request” form, (C248), marks the “Referred to Customer Services” check box, and returns the form to the Customer Services department within 30 calendar days of the original request.
- I. The Customer Services department reviews the form and sends a copy and an appeal form to the recipient or parent/legal guardian within 45 calendar days of the original request.
- J. The Customer Services department will log all requests for second opinions and forward the monthly report to the PIHP Regulatory Management Unit for inclusion in their bi-annual report to the Affiliate Council

VI. REFERENCES:

Recipient Rights Change Request (C248)  
Mental Health Code: 330.1713  
42 CFR Part 438.6(m)  
MDCH Appeal and Grievance Resolution Processes Technical Requirement  
(January 2012)