

HEALTHWEST

Policy and Procedure

No. 04-028

Prepared by:

Effective: August 24, 2007
Revised: April 5, 2018

Matt Plaska, Director of Quality Improvement

Approved by:

Subject: Choice of Provider


Julia Rupp, Executive Director

I. POLICY

HealthWest will provide consumers with a Choice of Provider to the extent possible, as appropriate, and as resources are available.

II. PURPOSE

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

III. APPLICATION

All individuals served by HealthWest.

IV. DEFINITIONS

A. Contraindication:

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

B. Action:

1. Denial or limited authorization of a requested Medicaid or non-Medicaid service, including the type or level of service.
2. Reduction, suspension, or termination of a previously authorized Medicaid or previously provided non-Medicaid covered service.
3. Denial, in whole or in part, of payment for a Medicaid or non-Medicaid covered service.

4. Failure to make an authorization decision and provide notice about the decision within standard time frames.
5. Failure to provide Medicaid or non-Medicaid services within standard time frame.
6. In regard to Medicaid covered services, failure of the CMH to act within the time frames required for disposition of grievances and appeals.
7. For a resident of a rural area with only one PIHP, the denial of a Medicaid enrollee's request to exercise his or her right to obtain services outside the network.

C. Grievance:

An expression of dissatisfaction about any matter relative to a Medicaid or non-Medicaid covered service, which does not involve a rights complaint or an adverse action. 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.

D. Indication:

A particular line of treatment which is desirable or proper.

E. Medically Necessary:

Services deemed reasonable and necessary for a person receiving services' current condition.

F. Mental Health Professional:

Applicable mental health professionals regarding this procedure include Psychiatrist, Physician's Assistant, Nurse, Occupational Therapist, Speech Therapist, Physical Therapist, Master Level Clinician, Supports Coordinator and Direct Care Provider.

V. PROCEDURE

- A. If a consumer 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 individual receiving services, or parent/legal guardian, can request a change in service provider at anytime in the treatment process.
- C. An "Individual Receiving Services Change Request" form (C248), is to be completed by the individual 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 Individual Receiving Services Change Request form 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 individual receiving services/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 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 individual/parent/legal guardian is notified if the request is approved and arrangements for the request change are made.
- H. Following determination of a response to the request, the completed form is scanned into the electronic clinical record, and a copy of the completed form is forwarded to Customer Services.

VI. REFERENCES

Mental Health Code: 330.1713
42 CFR Part 438.6(m)

/ab