



ADMINISTRATIVE/FISCAL/CLINICAL/PHF POLICY AND PROCEDURES

COUNTY OF SANTA BARBARA
ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

Section - QUALITY ASSURANCE

Effective: 9/1/2004

Policy - #15 MENTAL HEALTH PLAN- CHANGE OF PROVIDER

Revised: 9/1/2004

Director's Approval See signature page

Date _____

Assistant Director's Approval _____

Date _____

Form Ref. -

Reviewed: 10/25/2007

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POLICY: The Santa Barbara County Mental Health Plan routinely processes requests for changes of provider and assists beneficiaries with arrangements for requested changes as is feasible and clinically appropriate.

Legal Citation:

CCR, Title 9, Chapter 11, Section 1830.225(a)

PROCEDURE:

1. When a beneficiary is receiving services from an individual, group, or organizational provider and wishes to choose a different individual or organizational provider, the beneficiary or his or her designated representative calls the Access Team and requests the change and authorization for the new provider. The Access Team clinician will fill out the "Request for Change of Care Provider/Clinician" form and submit to the program manager. Requests are promptly honored unless there is a clinical reason indicating need for case consultation. If case consult is indicated, case will be presented at weekly case consult meeting and decisions made within 14 business days.
2. When a beneficiary who is receiving services from a county mental health clinic is requesting a change of clinician, or is receiving services at one level of services and wishes to change to a provider of higher/lower level of care, then the beneficiary or designated representative can pick up a "change of provider" form at the clinic or call the Access Team to request this form. This form is submitted to the program manager who will review the requests and process accordingly.

Assistance: Rob Walton, RN, MPA, QA/ Access Manager

Reference: Quality Assurance Representative

Replaces: N/A