BERRIEN MENTAL HEALTH AUTHORITY
PROCEDURE

SUBJECT: Choice of Treating Professional	SECTION: 01-04-08 Page 1 of 3
APPLICATIONS: All Clinical Departments, Customer Service EFFECTIVE DATE: 06/01/97 APPROVED BY: Chief Executive Officer REVISED: 5/00, 8/04, 2/05, 4/07, 8/10, 9/11, 9/12, 6/16, 3/17, 9/19	REQUIRED BY: CARF (Criterion A.1.c) MDHHS Section 330.1713

POLICY: It is the policy of the Berrien Mental Health Authority (BMHA) to provide customers a choice of mental health professional within the same discipline, when resources are available, unless determined therapeutically harmful to the recipient.

It is the policy of BMHA to ensure individuals who require mental health services have easy access to culturally competent, professional care and that all types of care are well coordinated, confidential, and are designed to meet the individual's expressed or assessed needs. The ethnic and cultural diversity and religious/spirituality of the individual and family will be respected and considered integral to the entire continuum of care. All services and supports will be provided in a manner that respects the dignity and worth of the individual being served. Recipients of mental health services shall be provided with care, treatment and/or support that are appropriate to their condition and to help them make progress on goals.

It is the policy of Berrien Mental Health Authority Center to ensure that persons with co-occurring mental illness and substance abuse disorders encounter a welcoming environment and are afforded the same considerations as above; that all types of care are coordinated to meet an individual's expressed and/or assessed needs. The principles of recovery and/or self-determination will be present throughout the provision of care.

It is the policy of BMHA to use person-centered processes for all individuals with Medicaid or General Fund coverage, who receive mental health services or supports throughout the continuum of care as required by the Michigan Mental Health Code and defined by *Michigan Department of Mental Health Person-Centered Practice Guidelines*.

PURPOSE
To comply with the Mental Health Code 330.1713 Sec. 713 which states: "a recipient shall be given a choice of physician or other mental health professional in accordance with the policies of the CMH services program… and within the limits of available staff."

STANDARDS
- Approach every customer interaction with the view to satisfy the customer and avoid problems.

- Maintain courteous and respectful interactions with all customers at all times.
- Provide culturally sensitive and appropriate interaction with customers as needed.
- Provide assistance to customers in such a way that complaints/grievances are resolved satisfactorily at the lowest level the first time.

DEFINITIONS

Treating Professional: A licensed physician, licensed or limited licensed psychologist, licensed master's social worker, licensed or limited-licensed professional counselor, licensed marriage and family therapist, or registered professional nurse.

No Show: Any cancellation of less than 24 hours prior to a scheduled appointment or b) a consumer not appearing for a scheduled appointment.

Primary Clinician: The primary program assignment and the BMHA staff member who is assigned to oversee the case. A primary clinician may be a BA level staff person or a Mental Health Professional.

Therapeutically Harmful: A change that creates a substantial increase in the risk of danger to self, danger to others, or the inability of the recipient to care for his/her basic needs due to a mental disability.

PROCEDURE

1. Upon initiation of services, recipient will be given choice of eligible providers available to provide treatment. In regard to SUD services, consumers will be advised of all the providers in the SWMBH for Medicaid and Block Grant recipients.
2. A recipient/guardian may make a request for a change of mental health professional or primary clinician at any time during the treatment process.
3. Requests for a change in mental health professional or primary clinician may be received by any BMHA staff but will be forwarded to the Customer Service Department for resolution, notification/acknowledgement to the customer and logging for reporting purposes.
4. If the complaint appears to include allegations that a right of the customer is being violated, the Customer Service Representative will contact the Office of Recipient Rights and coordinate assistance as appropriate.
5. The time from receipt of a request to change mental health professional to notification of the determination to the customer is preferably within 10 working days, not to exceed 60 days.
6. The Customer Service Representative will seek input from the mental health professional, primary clinician and/or the supervisor or team leader of the department affected as appropriate. The following will be considered by the mental health professional or primary clinician and/or his/her supervisor:
    - Professionals or primary clinicians with schedule openings within 30 days, or caseloads that are not limited due to agency specifications are considered available professionals.
    - Customers will be matched with clinicians who are reimbursable by his/her insurance plan (e.g. Medicare, private insurance and public funding).
    - When seeing a new mental health professional or primary clinician, a customer is asked to meet with that individual at least three (3) times within a 90-day period before a request for change is submitted.

- More than 2 requests within a 90-day period, for the same level of professional, may be denied.
- More than 5 requests within a calendar year, for the same level of professional, may also be denied.
- If the psychiatrist reports that the reason a change of Psychiatrist is requested is related to inappropriate drug seeking of abusive substances, the request may be denied; but cannot be denied due to merely a history of substance abuse. Refer to procedure High Alert Drug Classifications
- If there are allegations of abuse, neglect or other rights violations a request will be considered regardless of the above conditions.
- When an adult with the primary program of outpatient services no-shows or cancels a second appointment within 90 days of the first missed appointment, the customer will not be allowed to reschedule with their clinician and will be transferred to the Engagement Specialist, unless a clinician has identified that this is contrary to the well-being of the consumer due to risk. See policy 09-07-12 Referral to Engagement Specialist.
- Adults with the primary program of outpatient services who no-show for two scheduled appointment may be reassigned to alternative services such as the Motivational Group for therapy, unless a physician/clinician has identified that this is contrary to the well-being of the consumer due to risk. See policy 09-07-12 Referral to Engagement Specialist.
- Responses from the mental health professional, primary clinician and/or supervisor will be given to the Customer Services Department within two (2) working days of the request.

7. Upon receiving input from the mental health professional, primary clinician and/or the supervisor, the Customer Service Department will make a determination assuring adherence to all state and federal requirements.
8. Customer Services will notify the mental health professional or primary clinician of the determination.
9. If the decision to grant the customer's request is approved, the transfer will be completed within five (5) working days of notification by the Customer Service Department.
10. BMHA Customer Service will maintain logs of all grievance and appeals and report them to the PIHP according to the PIHP/CMHSP Memorandum of Understanding. Documentation will be made in the IRIS Grievance, Appeals and Second Opinions Database.
11. The case transfer will follow agency procedure COC - Transfer and Broker Process.
12. If a case transfer is denied and/or this policy was not followed, the customer will be informed of their right to file a complaint with the Office of Recipient Rights.

FORMS: Transfer/Referral form
Grievance & Appeals database

REFERENCED PROCEDURES: 03-10-10 High Alert Drug Classifications
02-01-03 COC – Transfer and Broker Process

REVIEWER: Customer Service
REVIEWED: 5/00, 6/00, 8/04, 4/07, 4/08, 8/10, 9/11, 9/12, 7/13, 6/14, 8/15, 6/16, 3/17, 6/18, 9/19, 6/2020, 9/2021, 2/2022, 7/2023, 8/2024, 8/2025