
Title 1	Northern Lakes Policies
Part 106	Supports and Services – NLCMHA Provided and Contract
Subpart J	Mental Health Code Protected Recipient Rights
Policy No.	106.1029
Subject	Choice/Change of Provider (RR)

Applicability

Policy applies to all Northern Lakes CMHA activities, operations and sites and to all workforce members except members of the governing body. Policy also applies to any Network Provider and its employees, volunteers, or agents that has elected to adopt and adhere to Northern Lakes CMHA policies and procedures pertaining to Recipient Rights under the terms of its Participating Provider Agreement.

Policy

Northern Lakes CMHA and its contracted providers shall honor a recipient's choice of physician, other mental health professional, or other provider of services in accordance with the Michigan Mental Health Code (PA 258 of 1974, MCL 330.1713).

During the intake and person-centered planning processes, recipients will be provided an opportunity to express preferences they may have for provider assignment. If for some reason the request cannot be honored under the limitations outlined in this policy, an explanation will be provided to the recipient including information regarding both Recipient Rights complaint and Recipient Grievance processes. To the degree possible, and subject to the limitations below, the recipient's choice shall be honored.

A. A recipient's right to choice of provider and a change of provider is subject to the following limitations:

1. Consistent with the NMRE and MDHHS contracts we shall provide reasonable choice but are not obligated to contract with "any willing provider."
2. The provider preferred by the recipient, if not already under contract as a network provider, must agree to provide services to the recipient on such economic and other terms as are acceptable to Northern Lakes CMHA.
3. The provider preferred by the recipient must be credentialed and privileged to provide the specific service as a member of the Northern Lakes CMHA provider network prior to the commencement of services.

4. The provider preferred by the recipient must agree to assume treatment or to provide supports based upon the criteria of their availability under terms of their employment or contract. A refusal to assume treatment or provide supports may also be based upon a consideration of conflict of interest or other justifiable clinical rationale. If this is being considered, it is critical that the rationale be documented and clearly identifies how this action would be detrimental to the recipient and/or be inconsistent with established standard(s) of care.

B. Prior to hospitalization, all recipients and their legal representatives will be consulted about their preference of licensed psychiatric hospitals within the Northern Lakes CMHA provider network. This preference shall be honored if the preferred hospital is available and the hospital agrees to the admission, and if there is no justifiable clinical rationale to deny the request. If the recipient chooses a hospital not under contract with Northern Lakes CMHA and the hospital agrees to the admission, the recipient shall be referred to that hospital. The recipient and/or their legal representative shall be informed that financial obligation for the services provided by that hospital must be satisfied from funding sources other than Northern Lakes CMHA or other state or county funding.

C. If, at any time during the course of service delivery, the recipient expresses a desire for a different mental health professional, or other provider, the request shall be documented on an agency approved "Request For Change of Provider" form. All requests will be executed as expeditiously as possible, but no later than within thirty (30) days of the request.

D. Consistent with the MDHHS Person-Centered Planning Revised Practice Guideline (October 2002) which is an attachment to the PIHP General Fund and Medicaid Managed Specialty Supports and Services contracts individuals who have court-appointed legal guardians shall participate in person-centered planning and make decisions that are not delegated to the guardian in the Guardianship Letters of Authority.

E. If the desire for a change of provider is related to a complaint issue, providers shall offer the recipient the entire range of informal and formal complaint resolution options in accordance with Northern Lakes CMHA Recipient Rights Complaint and Recipient Grievance policies and procedures.

Procedures

1. If, during the course of service delivery, a recipient does not think that it is in his/her best interest to continue or is dissatisfied with his/her current provider, he/she may request a change of provider by contacting the provider or his/her supervisor directly or obtaining a "Request for Change of Provider Form" from the receptionist at all office locations, from the Customer Services Office, or the Office of Recipient Rights.
2. The provider is encouraged to offer the recipient an opportunity to discuss any difficulties that may have arisen in efforts to understand what the concerns are and whether they can be resolved. A recipient is not required to participate in this discussion and the request for a change of provider shall not be delayed.

3. If informal conflict resolution does not resolve the situation the recipient will be asked to fill out or sign a "Request for Change of Provider Form," with workforce member assistance if the recipient desires. A recipient shall not be required to fill out the form, but the worker receiving the request must document the request on the form after discussion with the recipient.
4. The legally empowered guardian of an adult recipient or parent of a minor recipient (unless the minor recipient is under the age of 14 and receiving services without the knowledge or consent of the parent or guardian) shall be notified of the recipient's request. If the guardian or parent expresses disagreement with the proposed change, this should stimulate person-centered planning regarding the parent or guardian's objections. The resulting dialogue should attempt to understand these objections and to determine if they have merit based on any the limitations on choice allowed by policy.
5. The worker receiving the request will immediately forward the request form to the designated supervisor of the worker assigned to the recipient, who will review the request and facilitate the transfer as appropriate.
6. The expectation is that this process will progress quickly, particularly if the request is for a change in psychiatrist in the licensed psychiatric setting, given the relatively short inpatient treatment period, but in all cases shall occur within thirty (30) days of the date of the request.
7. If the request cannot be honored because of a limitation allowed by this policy, the recipient shall be immediately notified both orally and in writing of the reason for the denial, informing the recipient of their rights and offer to assist them in exercising all available complaint resolution methods as appropriate, including informal conflict resolution or the filing of a Recipient Rights complaint or a Recipient Grievance.

Adoption Date: May 23, 2006

Review Dates:
May 14, 2010
March 27, 2012
April 17, 2015

Revision Dates:
August 19, 2009
August 31, 2010
March 27, 2018