


BHS Policies and Procedures

	City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES	1380 Howard Street, 5th Floor San Francisco, CA 94103 415.255-3400 FAX 415.255-3567
POLICY/PROCEDURE REGARDING: Request for Change in Behavioral Health Provider		
Issued By: Kavoos Ghane Bassiri, LMFT, LPCC <i>K.G.B.</i> Director of Behavioral Health Services		Manual Number: 3.04-07 References: California Code of Regulations §§ 1830.225(a) & (b), and 3320(a)(2).
Date: March 14, 2017		

Technical Revision. Replaces 3.04-07 of March 16, 2011.

Purpose:

This policy is to outline the procedural steps for an individual beneficiary or one's legal guardian(s) to request for a change in behavioral health provider.

Scope:

This policy applies to all San Francisco Behavioral Health Services providers whose client may request for a change in provider within a program and between programs, including request for assignment of a provider with specific cultural expertise and training.

Policy:

To the extent possible and appropriate, San Francisco Behavioral Health Services shall ensure that all beneficiaries are provided an opportunity to request to change persons providing behavioral health services, including the right to use culture-specific providers. This policy ensures that the San Francisco Mental Health Plan follows the DMH Information Notice No. 10-02 and DMH Information Notice No. 10-17.

Whenever a beneficiary/legal guardian(s) requests a change of provider, the staff person who initially learns of this request should engage the beneficiary/legal guardian(s) in an accepting and non-judgmental manner to obtain as much information as possible. The staff person will forward this request to the Program Director or designee. The Program Director or designee shall contact the beneficiary/legal guardian(s) to discuss the request. The Program Director or designee will review the request and arrange for a change of provider as needed.

All programs must maintain a log of all requests for change of provider (see attached template). This log must contain at least the following information on each request for change of provider:

- Name of program
- Name of beneficiary
- Date of request
- Reason for the request
- Disposition or outcome of the request
- Date of the disposition or outcome

This log must be confidentially maintained at the program site and made available upon request of Quality Management for monitoring purposes. As this log contains protected health information (PHI), it must be kept in a secure location per the DPH Privacy Policy.

Contact Person:

Director, Quality Management for Behavioral Health Services

Attachment(s): Attachment 1: Log of “Request for Change in Behavioral Health Provider”

Distribution:

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