
Document Type: ¹	<input checked="" type="checkbox"/> Policy & Procedure	<input type="checkbox"/> Process Guideline	Adopted: 08/02/05
	<input type="checkbox"/> Plan	<input type="checkbox"/> System Description	Last Reviewed: 08/02/07
			Retired: _____

Revisions: 01/25/07; 08/02/07

Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH Central Office and its functions.
 - X - The requirements herein apply, verbatim, to GCBH and its network providers².
 - The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.
-

PURPOSE: To address requirements regarding a consumer's right to a second opinion.

DEFINITIONS

- I. Consumer – A person who has applied for, is eligible for or has received mental health services from a Greater Columbia Behavioral Health (GCBH) network provider, regardless of Medicaid eligibility. For a child under the age of thirteen, or for a child thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians.
- II. Mental Health Professional (MHP) – An individual who meets the criteria established by WAC 388-865-0150, or its successors.

POLICY

- A. Consistent with 42 CFR 438.6(d)(3) and (d)(4), individuals eligible to receive services are not discriminated against or prevented from enrolling or receiving services on the basis of health status, need for health care services, race, color, gender, or national origin.
- B. In compliance with WAC 388-865-0355, WAC 388-865-0410 and 42 CFR 438.206(b)(3), consumers expressing a concern regarding a denial of services or other clinical decisions about their care are informed of the right to a second opinion and are assisted by the entity receiving the request for a second opinion to obtain one at no additional cost.
- C. A consumer or his/her custodial parents or legal guardians may make a request for a second opinion, either verbally or in writing, to the central GCBH office, a network provider or the GCBH Ombuds Service. When a request is made, every effort is made by the entity receiving it to assure that this service occurs as expeditiously as the consumer's mental health condition requires and no later than 30 calendar days from the request.
- D. Consumers requesting a second opinion are referred to a Mental Health Professional (MHP) within the GCBH network of providers who is qualified to assess and treat the mental health condition that is to be reviewed. Out-of-network referrals occur only when a qualified MHP within the network is not available within thirty (30) days. Consistent with 42 CFR 438.12(a)(1) and 214(c), no MHP qualified to provide a second opinion is discriminated against on the basis of serving high-risk populations, specializing in conditions that require costly treatment, or for any other reason.

- E. When told the outcome of their request for a second opinion, consumers are informed of the right to file a grievance and/or to request a change of provider.

PROCEDURE

1. Consumers and/or those with legal custody of a consumer are informed about the right to a second opinion at intake assessment, and at any time dissatisfaction, disagreement, or concern about a clinical decision regarding their treatment is expressed. Additionally, information regarding this right is included in the *GCBH Mental Health Service Benefit Handbook* provided to consumers as part of the Intake process.
2. The entity receiving a request for a second opinion ensures that a Release of Information is signed as part of the referral process, and that current clinical documentation (e.g., assessments, treatment plan, medication regimen, progress notes) is made available by the treating provider to the MHP selected to provide the second opinion.
3. Second opinions are documented in writing and made available to the consumer, the GCBH Central Office, and the treating provider, and are included in the consumer's clinical record.
4. Covered services determined medically necessary by the MHP rendering the second opinion are provided by the network provider treating the consumer. When indicated, the treating provider communicates directly with the MHP regarding his/her findings and continues to consult with him/her. All such communication are documented in the consumer's clinical record.
5. On-site audits of network providers conducted by GCBH include checks for evidence of compliance with the provisions of this policy. When a need for corrective action is identified during such audits, network providers address compliance issues via their quality improvement processes and provide evidence of sustained improvement. GCBH staff review audit findings for trends requiring system level intervention, and report such to the GCBH Quality Management Oversight Committee for action.

APPROVAL

/S/ William Wilson

William Wilson, DrPH
Director

08/02/07