



7.1.20 CHANGE OF PROVIDER REQUEST

Issue Date: 08/21/2025

Revision History: Not Applicable

References: 9 CCR § 1830.225; MHP Contract Exhibit A – Attachment 2 Section G; MHP Contract Exhibit A – Attachment 5; MHP Contract Exhibit A – Attachment 8 Section 6; 42 Code of Federal Regulations part 438.3(l).DMC-ODS Contract Exhibit A – Attachment 1 Section vii.

Policy Owner: Sonoma County Behavioral Health Division, Mental Health Plan (MHP) QA Manager

Director Signature: **Signature on File**

I. Policy Statement

It is the policy of the Department of Health Services-Behavioral Health Division (DHS-BHD) Mental Health Plan (MHP) and Substance Use Disorder (SUD) Drug Medi-Cal Organized Delivery System (DMC-ODS) to ensure that Medi-Cal members have a process to request a change of provider, to achieve the maximum benefit from mental health and substance use disorder services provided by DHS-BHD.

II. Scope

This policy applies to all DHS-BHD “Covered Persons” including employees (full-time, part-time, extra-help), unpaid interns, paid interns, temporary agency workers, registered volunteers, and all individual providers contractually designated as covered persons. Covered Persons do not include Community Based Organization (CBO) staff.

III. Definitions

A. Culturally Responsive Services:

Services that are adapted to respect and be relevant to the diverse beliefs, practices, cultural backgrounds, and linguistic needs of the people they serve, ensuring equitable and effective support.

IV. Policy

DHS-BHD is committed to ensuring the member's choice of the person providing services to the extent feasible. Whenever feasible, DHS-BHD shall provide members the opportunity to change providers (location and/or rendering provider). Members shall also have the right to receive culturally responsive services from DHS-BHD providers and can submit a Change of Provider (COP) Request form for this purpose.

Members may request a COP by completing the COP request form. COP request forms shall be available in the waiting area of each provider location. Minors may request a change of provider. Program clinical staff will evaluate clinical and legal circumstances in determining whether the legally responsible party should be engaged in the request process.

Members may submit a completed COP request form electronically, by phone, by mail, or in-person, to any DHS-BHD staff for routing to Quality Assurance (QA). Members have a right to request and obtain assistance from DHS-BHD staff with completing the COP request form. If requested, DHS-BHD staff shall assist with completing the COP request form.

The member is under no obligation to provide any reason for their request to change providers. However, for quality improvement purposes and to understand the nature of the request, DHS-BHD staff should attempt to obtain information regarding the request from the member. DHS-BHD staff may be able to clarify a misunderstanding or resolve a concern to the satisfaction of the member and prevent further escalation of the matter.

Every effort will be made by DHS-BHD to accommodate COP requests. DHS-BHD ensures that the member's request is considered, regardless of if the request is made through the COP request process or grievance process. COP requests will be decided on in a manner consistent with good clinical care. All COP requests and subsequent DHS-BHD decisions shall be documented and tracked appropriately.

At the election of DHS-BHD, DHS-BHD may limit the member's choice between two individual providers contracting with DHS-BHD, or who are employed by DHS-BHD, or are otherwise made available by the subcontractor to whom DHS-BHD has assigned the member.

The member may rescind the COP request at any time. If the member is unsatisfied with the outcome of the COP request, they may pursue the Member Problem Resolution Process (See Policy and Procedure 7.1.2 Member Grievances and Discrimination Grievances).

V. Procedures

A. Change of Provider Request: Routing and Determination

1. DHS-BHD Program Staff and Quality Assurance (QA) Senior Office Assistant (SOA) Responsibilities:
 - a. Upon request, DHS-BHD staff will aid the member (if needed), with the completion of the COP request form.
 - b. Upon receipt of the completed form, DHS-BHD staff shall immediately submit the COP request form to the QA SOA.
 - c. If the COP request is received over the phone or in person, DHS-BHD staff shall inform the member regarding the next steps:
 - i. The completed form will be routed to QA.
 - ii. The QA SOA will follow-up with the member if more information is needed.
 - iii. The Program Manager/Specialist will contact the member to discuss the COP request. See Program Manager Change of Provider Workflow, form BHD 247, for the process related to facilitating a COP request.
 - iv. The COP request determination will be made within **10 business days** (from the date of receipt of the completed form).

VI. Forms

- A. Change of Provider Request (English & Spanish) BHD 109, BHD 109 SP
- B. COP Response – Request Granted (English & Spanish) BHD 183, BHD 183 SP
- C. COP Response - Unable to Grant (English & Spanish) BHD 184, BHD 184 SP

VII. Attachments

BHD 247 Program Manager Change of Provider Workflow