

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

BOARD POLICY

Date Issued 7/24

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I. APPLICATION:

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. POLICY STATEMENT:

It shall be the policy of the St. Clair County Community Mental Health Authority (SCCCMHA) Board of Directors that recipients of community mental health services shall be given the choice of mental health professional.

III. DEFINITIONS:

- A. Mental Health Professional: Means an individual who is trained and experienced in the areas of mental illness or intellectual/developmental disabilities and who is one of the following: a licensed physician; a licensed psychologist; a registered nurse; a licensed master’s social worker; a licensed professional counselor; or a licensed marriage and family therapist.
- B. Recipient: Means an individual who receives mental health services, either in person or through telemedicine, from the Department of Health and Human Services, a community mental health services program, or a facility or from a provider that is under contract with the Department of Health and Human Services or a community mental health services program.

IV. STANDARDS:

- A. Recipients shall be given the choice of selecting their mental health professionals within the limits of available staff within their assigned programs.
- B. A recipient’s choice of mental health professional shall be limited to those staff who are credentialed and privileged to provide the specific services that are appropriate for the recipient’s needs as identified in the recipient’s Individual Plan of Services, and subject to staff availability within the recipient’s assigned program.
- C. A recipient’s/guardian’s request to choose/change their/their ward’s mental health professional will be processed within thirty (30) days from the date the request is received by SCCCMHA.

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V. PROCEDURES:

Recipient/Recipient's Guardian

1. Submits a request, verbally or in writing, to their/their ward's assigned mental health professional requesting a change in mental health professional, or
2. Submits a request, verbally or in writing, to the supervisor/designee of their/their ward's assigned mental health professional, requesting a change in mental health professional.

Mental Health Professional

3. Discusses the reasoning for the request with the recipient/recipient's guardian to determine if a therapeutic relationship can continue. If a therapeutic relationship will prove beneficial for the recipient, the mental health professional will complete a Contact Note in OASIS, and will utilize the "send copy to" function to forward the Note to the mental health professional's supervisor. This will serve as notification to the mental health professional's supervisor that the recipient/guardian chose to continue working with their/their ward's assigned mental health professional, and the request will be considered resolved.
4. Discusses the reasoning for the request with the recipient/recipient's guardian to determine if a therapeutic relationship can continue. If a therapeutic relationship will not prove beneficial for the recipient, the mental health professional will complete form [#0031, Request for Transfer to an Alternative Prescriber](#), as well as a Contact Note in OASIS, and will utilize the "send copy to" function to forward the Note to the mental health professional's supervisor. This will serve as notification to the mental health professional's supervisor that further action is required.
5. Completes a Contact Note in OASIS, and utilizes the "send copy to" function to forward the Note to their supervisor, if a recipient/recipient's guardian refuses to meet with and/or discuss their reasoning for their request with their/their ward's assigned mental health professional. This will serve as notification to the mental health professional's supervisor that further action is required.

Supervisor/Designee

6. Determines if a change in mental health professional is appropriate for the recipient.
7. Contacts the recipient/recipient's guardian, verbally or in writing, to provide the names of the available mental health professionals within the recipient's assigned program, when the supervisor/designee determines a change in mental health professional is therapeutically appropriate for the recipient, and the program in which the recipient is assigned has available and appropriate staff for the recipient's needs. The supervisor/designee will transfer the recipient to the mental health professional selected by the recipient/guardian. The supervisor/designee will inform the mental health professionals of their decision, and enter a Contact Note in the recipient's record detailing the outcome of the recipient /guardian's request, and the request will be considered

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resolved.

8. Contacts the recipient/recipient's guardian, verbally or in writing, to inform the recipient/recipient's guardian that a change in mental health professional is not therapeutically appropriate for the recipient or there are insufficient staffing resources in the recipient's assigned program. If the decision to not approve a change in mental health professional is due to insufficient therapeutic need/staff availability, the supervisor/designee will deny/delay the request, inform the mental health professional of their decision, and enter a Contact Note in the recipient's record detailing the outcome of the recipient's/guardian's request. The request will then be considered resolved (therapeutic need) or on-hold (staff availability).
9. Enters a Contact Note in OASIS, and utilizes the "send copy to" function to forward the Note to clerical support staff. This will serve as notification to the clerical support staff that a letter must be issued to the recipient/guardian informing them of the outcome of their request.

Prescriber

10. Determines if they will complete a thirty-day medication refill for the recipient, prior to transfer, if a supervisor/designee determines a change in prescriber is therapeutically appropriate for the recipient.
11. Reviews the previous prescriber's documentation prior to the recipient's initial appointment, if a supervisor/designee determines a change in prescriber is therapeutically appropriate for the recipient.

Clerical Support Staff

12. Utilizes the letter module in OASIS, and prepares a letter for the recipient/guardian to include the supervisor's/designee's disposition of the recipient's/guardian's request. If a staff transfer will take place, the date of their/their ward's next appointment with their/their ward's newly assigned mental health professional will be included in the letter. If a medication refill was ordered by the recipient's previous prescriber, the date and amount of the refill will be included in the letter. The letter will be issued to the recipient's/guardian's last known address, and documentation of such action shall be included in the recipient's record.

VI. REFERENCES:

- A. Michigan Mental Health Code, Sections 330.1100b, 330.1100c, and 330.1713
- B. Michigan Department of Health and Human Services, Person-Centered Planning Policy and Practice Guideline
- C. Form [#0031, Request for Transfer to an Alternative Prescriber](#),

VII. EXHIBITS:

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None Available

VIII. REVISION HISTORY:

Dates issued 04/17, 05/18, 05/19, 7/20, 08/21, 07/22, 7/23.