
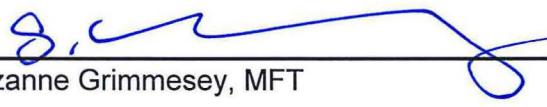




SANTA BARBARA COUNTY  
DEPARTMENT OF  
**Behavioral Wellness**  
A System of Care and Recovery

**Department  
Policy and Procedure**

<b>Section</b>	Patients' Rights	<b>Effective:</b>	9/1/2004
<b>Sub-section</b>	General		
<b>Policy</b>	Second Opinion	<b>Last Revised:</b>	12/22/2016
<b>Policy #</b>	3.005		
<b>Director's Approval</b>	 _____ Alice Gleghorn, PhD	<b>Date</b>	<u>1/3/17</u>
<b>Chief Quality Care/ Strategy Officer</b>	 _____ Suzanne Grimesey, MFT	<b>Date</b>	<u>1-3-17</u>
<b>Supersedes:</b>	#16 Mental Health Plan – Second Opinion	<b>Audit Date:</b>	12/22/2019

## 1. PURPOSE/SCOPE

- 1.1. To ensure a beneficiary's right to request a second opinion when a decision has been made by the Santa Barbara County Department of Behavioral Wellness (hereafter "the Department") or its contracted providers to deny a requested Specialty Mental Health Service.

## 2. POLICY

- 2.1. All Medi-Cal beneficiaries have the right to request a second opinion by a licensed eligible mental health professional when a disagreement exists with a decision or action of the Department or its contracted providers, including the right to use culturally-specific providers.
- 2.2. A second opinion shall be provided at no cost to the beneficiary.

## 3. PROCEDURE

- 3.1. When a beneficiary desires a second opinion, he/she may contact the program supervisor, Access Team member, Patients' Rights Advocate or QCM Beneficiary Concerns Coordinator and provide his/her reason for requesting a second opinion. The request may be made verbally over the phone or in person, or in writing via the *Beneficiary Request for Second Opinion* form (see Attachment A; for Spanish version see Attachment B). If the *Second Opinion* form is requested, it shall be immediately provided in hand, by fax, electronically or by mail, according to the beneficiary's request. Assistance may also be requested to complete the form.

- 3.2. Whether completed by the beneficiary or with the assistance from departmental personnel, completion of the *Beneficiary Request for Second Opinion* form is required. The form must be forwarded to the QCM Beneficiary Concerns Coordinator upon completion. If completed by the beneficiary, a stamped and addressed envelope to return the *Second Opinion* form shall also be provided.
- 3.3. Upon receipt of the completed *Second Opinion* form, a second opinion by a licensed mental health professional will be scheduled within 14 days.

**ASSISTANCE**

Susan Soderman, IMF, QCM Beneficiary Concerns Coordinator

**REFERENCE**

California Code of Regulations – Rehabilitative and Developmental Services  
*Title 9, Chapter 11, Section 1810.405(e)*

Department of Health Care Services – Mental Health Plan  
*Exhibit A, Attachment 1, Section 1.D*

**ATTACHMENTS**

Attachment A – Beneficiary Request for Second Opinion form

Attachment B – SPANISH version of Beneficiary Request for Second Opinion form (*Solicitud de Beneficiarios de Segunda Opinion*)

**REVISION RECORD**

DATE	VERSION	REVISION DESCRIPTION
12/2/16	2.0	<ul style="list-style-type: none"> <li>• Update of language and new departmental template</li> </ul>

***Culturally and Linguistically Competent Policies***

*The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).*