

KALAMAZOO COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ADMINISTRATIVE PROCEDURE 06.02_03

Subject: Customer Second Opinions Regarding Denial of Services	Section: Grievances and Appeals
Applies To: <input checked="" type="checkbox"/> KCMHSAS Staff <input checked="" type="checkbox"/> KCMHSAS Contract Providers	Page: 1 of 5
Approved: ----- (Jeff Patton, Chief Executive Officer)	
Revised: 11/08/2016	Supersedes: 08/14/2015
First Effective: N/A	

PURPOSE

To describe a clear procedure for responding to individuals or families regarding second opinion requests and timely notification of the results. This procedure is written in conjunction with KCMHSAS policy [06.02 \(Second Opinions/Grievance & Appeals/Dispute Resolution\)](#).

DEFINITIONS

Second Opinion

A request by and individual for clinical re-consideration of either a denial of initial access to on-going community mental health services or admission for psychiatric hospitalization.

Representative

Parent of minor child, legal guardian, or (authorized) representative being someone who has customer's written permission to speak on his/her behalf for this matter

Refer to KCMHSAS policy [06.02 \(Second Opinions/Grievance & Appeals/Dispute Resolution\)](#) for other relevant definitions

PROCEDURE

I. Receiving a Request from Customer/Representative for Second Opinion

A. No charges/fees are to be associated with a requested Second Opinion.

- B. An applicant, or their representative, may call Customer Services to request a second opinion.
- C. When speaking with caller/requestor, the Customer Services representative will collect the necessary information to proceed with arranging a second opinion for services that were denied to the applicant/seeker of hospitalization.
- D. The Customer Services representative will inform the Chief Executive Officer (CEO) of requests for Second Opinions regarding denial of admission to psychiatric facilities and to initial Community Mental Health funded services. The CEO may delegate arranging the second opinions to Customer Services in conjunction with the Medical Director and/or Deputy Director for Program Services.
- E. If appropriate clinical opinion cannot be provided thru KCMHSAS staff or other network provider, KCMHSAS will arrange for a provider out of network (with appropriate clinical credentials) to provide the opinion.

II. Addressing Second Opinion Requests for Psychiatric Inpatient Care when Authorization for Admission is Denied by Both KCMHSAS and the Treating Hospital (MH Code 409)

If KCMHSAS denies authorization for inpatient admission and the treating hospital also denies admission, the person will not be admitted to the hospital.

- A. If the person wishes to appeal, he/she will contact customer services, who will arrange for an additional assessment or case review by a psychiatrist, other physician or licensed psychologist to be performed within three (3) working days, excluding Sunday and holidays, after request is made.
- B. The review process includes a review of appropriate case record materials, consultation, communications with customer, clinician and/or hospital records (as appropriate). The decision of the assessor will be based on determination of whether or not medical necessity criteria were met for admission.
- C. If the individual assessed is found not be clinically suitable for hospitalization and the denial is upheld:
 - 1. Customer services notifies the customer of the determination and links to a clinician for alternative services within three (3) business days.
 - 2. The decision shall be confirmed in writing to the individual who requested the second opinion and the confirming document shall include the reason for the determination based on medical necessity criteria.
 - 3. The Customer Services representative notifies the hospital, the primary clinician or, in the case of no primary clinician, the Emergency Mental Health (EMH) worker.

4. Customer Services will complete data recording for the request and outcome of the second opinion.
 5. The person served/responsible party will be provided with all applicable Notice forms regarding further appeal rights.
- D. If the conclusion of the second opinion is different from the conclusion of the preadmission screening unit and the denial is overturned:
1. The Chief Medical Director shall make a decision based on all available clinical information within one (1) business day of receiving the conclusion of the review.
 2. The decision shall be confirmed in writing to the individual who requested the second opinion and the confirming document shall include the signatures of the Chief Medical Director or verification that the decision was made in conjunction with the Chief Medical Director.
 3. The Customer Services representative notifies the customer/representative and the primary clinician, or in the case of no primary clinician the EMH worker, verbally as soon as possible not to exceed one (1) business day and in writing within three (3) business days.
 4. As the client was not admitted by the hospital, an EMH worker shall work with the customer and local hospital and/or alternative hospitals to see if admission can be obtained.
 5. The Customer Services representative notifies Deputy Director of Program Services, UM and EMH. Authorization for hospitalization is processed by the EMH department.
 6. Customer Services will complete data recording for the request and outcome of the second opinion.
 - 7.
- E. If the hospital disagrees with the KCMHSAS denial, the provider appeal policy is applied and PREST review occurs (see KCMHSAS policy [02.02 \[Provider Grievances and Appeals {non-clinical}\]](#)).

III. Addressing Second Opinion Requests for Mental Health Services (MH Code 705)

- A. If an applicant for community mental health services has been denied mental health services, the applicant or his/her representative, may request a second opinion of the CEO through the Customer Services department.
- B. KCMHSAS will secure the second opinion from a qualified clinician of the Access Department/function who has been uninvolved in this denial determination.
- C. The Customer Services office as the designee for the CEO ensures the review is conducted within 2 working days.

- D. If the decision is that the applicant meets eligibility criteria for KCMHSAS funding:
1. The Access Department/function will coordinate with Customer Services to link and authorize CMH services.
 2. The Customer Services office will attempt to notify the applicant/representative verbally as soon as possible not to exceed one (1) business day and in writing within three (3) business days.
 3. Customer Services will complete data recording for the request and outcome of the second opinion.
- E. If the denial is upheld:
1. The assessor notifies the Customer Services office within one (1) business day.
 2. The Customer Services office will attempt to notify the applicant/representative verbally within one (1) business day and provides written confirmation to applicant/representative within three (3) business days.
 3. The applicant/representative will be provided with all applicable information regarding further appeal rights.
 4. Customer Services will complete data recording for the request and outcome of the second opinion.

IV. Monitoring

- A. The Customer Services Department enters all second opinion requests received into the Grievance and Appeal data tracking application. A summary report is provided to the CMH Board on a quarterly basis. Summary data may also be reviewed the PIHP Customer Services Committee and the KCMHSAS Quality Improvement Committee (KQIC). In addition, any or all of the following may monitor this procedure:
1. Customer/Family Advisory Councils
 2. KCMHSAS Senior Executive Team
 3. External reviewers

REFERENCES

- Michigan Mental Health Code
- MDCH-MDHHS/CMHSP contract Attachment C 6.3.2.1
- KCMHSAS Access Department Protocol - Processing Service Requests; What to do if Screen indicates services should be denied
- [Southwest Michigan Behavioral Health Policies](#)
 - 6.4 (Customer Grievance Systems)

- KCMHSAS Policy [06.02 \(Second Opinions/Grievance & Appeals/Dispute Resolution\)](#)