

**Community Mental Health Affiliation  
of Mid-Michigan**

<b>PROCEDURE:</b> 3.7	Page 1 of 2	<b>SUBJECT:</b> Second Opinion
<b>Related Policy:</b> 3.0		<b>SUBJECT:</b> Recipient/Enrollee Rights
<b>Issuing Director:</b> Director of Quality, Customer Service, and Recipient Rights, and Director of Affiliation Operations		<b>Original Effective Date:</b> 01-17-1999

**REVISED DATE**

02-22-2007

**Review Date(s)**

02-16-2007	02/01/2010				
03-06-2008	02/28/2011				
02-26-2009					

**I. PURPOSE:**

To provide a mechanism for applicants of Mental Health and Substance Abuse Services who are denied services and consumers who are denied psychiatric hospitalization to obtain a second opinion.

**II. STANDARDS:**

The following Federal and State statutes establish the standards for CMHAMM's Second Opinion procedure:

- A. Michigan Mental Health code, Sections 330.330.1705, Second Opinion
- B. Michigan Mental Health Code, Section 330.1409, Preadmission Screening Units
- C. Michigan Department of Community Health, Appeals Grievance Technical Advisory
- D. 42 Code of Federal Regulations, Subpart F – Grievance System

**III. DEFINITION:**

**Second Opinion** – A request for another face-to-face assessment by an applicant for mental health service who has been denied services or a recipient who is seeking and has been denied hospitalization, or his/her legal representative,.

**IV. PROCEDURES:**

- A. Responsibility for second opinions is delegated to the CMHSP/CA.

**B. Denial of services**

- 1. Following a face-to-face assessment, an applicant who has been denied services/supports, applicant's parent/guardian, or designated patient advocate shall receive written notice of the right to second opinion.
- 2. Assistance with completing a request for a second opinion shall be provided upon request.
- 3. An appointment for a second opinion with an appropriately credentialed clinician who was not involved in the original decision shall be offered within 14 calendar days of receipt of the request or 3 business days for an expedited request.

4. The applicant/legal representative shall be notified of the name and credentials of the clinician providing the second opinion and the date, time and place where the evaluation will be performed.
5. If a second opinion is denied, the applicant will be provided written notice of the right to file a recipient rights complaint.
6. If the clinician who provides the second opinion determines that the applicant is eligible for services, services will be provided.
7. If the clinician who provides the second opinion determines that the applicant is not eligible for services, **Adequate Notice for Medicaid Enrollees** shall be provided. The applicant shall be referred for appropriate services outside of the PIHP network.
8. Should the applicant fail to appear for the second opinion, the applicant may submit another request if a second opinion is still desired.
9. The Medicaid beneficiary also has a right to a local appeal, a Medicaid Fair Hearing and the Recipient Rights complaint process.

**C. Denial of hospitalization**

1. At the time that a request for hospitalization is denied, the recipient will be given written notice of the denial, and his/her right to second opinion.
2. When a request for second opinion is received, the staff shall arrange for an evaluation by a psychiatrist, physician or psychologist who was not involved in the initial decision.
3. If the conclusion of the second opinion is different from the initial assessment, the CEO/designee and medical director shall make a decision based on all available clinical information.
4. The second opinion decision shall be provided to the individual who requested the second opinion and confirmed in writing with the signatures of the CEO and medical director.
5. If the clinician who provides the second opinion determines that the applicant is not eligible for hospitalization, **Adequate Notice for Medicaid Enrollees** shall be provided.
6. The Medicaid beneficiary who is denied hospitalization must be provided adequate notice at the time of the denial. The beneficiary has the right to a local appeal, a Medicaid Fair Hearing and the Recipient Rights complaint process.

**D. Out of Network requests**

When appropriate, a second opinion may be obtained outside of the network at no cost to the beneficiary.

**V. APPLICATION:**

All CMHSP's/CA's and providers

**VI. MONITOR AND REVIEW:**

PIHP Director of Quality, Customer Service and Recipient Rights shall monitor CMHSP/CA compliance with these procedures. The PIHP Director of Affiliation Operations will review this procedure annually. External review will include MDCH and CMS site visits and reporting.

**VII. RELATED POLICIES AND PROCEDURES:**

CMHAMM Policy	3.0	Enrollee Rights
CMHAMM Procedure	3.2	Appeals and Grievances