

**CENTRA WELLNESS NETWORK
PROCEDURE 03.07 SECOND OPINION**

I. PURPOSE STATEMENT:

Centra Wellness Network's (CWN) Governing Body establishes and evaluates policies and related procedures as required by statutory and contractual obligations.

CWN reserves the right in its sole discretion to adopt and implement policies and procedures that ensure a safe, functional and professional workplace that operates with integrity using person-centered focus and planning, trauma informed practices and respect of others, cultural sensitivity and transparency in communication and practice. Organizationally and in practice, CWN is responsive to the needs of clients, community and staff.

Any statements and procedures are subject to review and/or unilateral change, modification, suspension or cancelation in whole or in part of any published/unpublished policies or procedures without notice and without having to give cause, justification, or consideration to any employee. Recognition of these rights and prerogatives of CWN is a term and condition of and maintaining employment.

Policies and Procedures are approved by the Board and/or upon recommendation by the Executive Director or his/her designee.

II. APPLICATION:

Agency Wide, including employees, affiliated providers and interpreters.

III. DEFINITIONS:

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. POLICY STATEMENT:

The intent of this procedure is to provide a mechanism for individuals requesting services from CWN who are denied services and clients who are denied psychiatric hospitalization to obtain a second opinion.

V. PROCEDURES:

A. Denial of services

1. Following a face-to-face assessment, a client who has been denied services/supports, a client's legal representative, or a designated advocate shall receive written notice of the right to second opinion. This notice will be documented in the clinical record.
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 client or 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 client 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 client is eligible for services, services will be provided.
7. If the clinician who provides the second opinion determines that the client is not eligible for services, Adequate Notice for Medicaid Enrollees shall be provided which includes:

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- a. Who the notice was provided to;
 - b. The action take (i.e. denial of services);
 - c. The effective date; and
 - d. The reason for action.
8. Should the client fail to appear for the second opinion, the client may submit another request if a second opinion is still desired.
 9. The Medicaid beneficiary has a right to a local appeal, a Medicaid Fair Hearing and the Recipient Rights complaint process.
- B. Denial of hospitalization**
1. At the time that a request for hospitalization is denied, the client 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 Executive Director, or designee and Medical Director shall make a decision based on all available clinical information.
 4. The second opinion decision shall be provided to the client who requested the second opinion and confirmed in writing with the signatures of the Executive Director, or designee and Medical Director.
 5. If the clinician who provides the second opinion determines that the client is not eligible for hospitalization, Adequate Notice for Medicaid Enrollees shall be provided which includes the information outlined in item 7 above.
 6. The client 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.
- C. Out of Network requests:** When appropriate, a second opinion may be obtained outside of the network at no cost to the individual.

VI. EXHIBITS:
N/A

VII. REFERENCES:

| Authority and Related Directives Trace | |
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| Federal | 42§ CFR, Subpart F |
| State | Michigan Mental Health Code, Sections 330.1705 and 330.1409; R 330.7005 MDHHS/CMHSP Contract Part II, 6.3.2 |
| NMRE | Administrative Manual, Chapter 7 |
| County | Interlocal Agreement Between Manistee and Benzie Counties 12/15/1992, Section X |
| CARF | CARF 2022 Behavioral Health Standards |
| Other | |