

 <p>SPOKANE COUNTY Regional Support Network Prepaid Inpatient Health Plan</p>	Policy Title: Consumer Choice		Policy # CS-16
	Signature: Signature on file	Revised:	
	Christine Barada, Director Community Services, Housing and Community Development	Reviewed: 9/10/07	
	Signature Date: 9/10/07	Signing by authority of Res. No. 2007-0038	

Applies to: Internal External

References

WAC [388 865 0345](#)

Scope

SCRSN/PIHP and its network providers.

Policy

SCRSN/PIHP network providers shall ensure that consumers exercise freedom in the selection and transfer among SCRSN/PIHP providers.

Procedures/Mechanisms

Selection

1. All providers will inform consumers of their freedom of choice to access, retain and transfer services on a "free choice" basis without retribution among RSN providers.
2. Consumers, including parents or guardians of children, and adolescents, may choose a participating Mental Health Care Provider (MHCP). If the Consumer does not make a choice, the provider will assign a MHCP within reasonable proximity to the service recipient's home.
 - 2.1 The assignment of the MHCP is required no later than 15 days after enrollment with the provider.
 - 2.2 The consumer is permitted to change MHCP at any time during the first 90 days of enrollment and once during a twelve-month period for any reason.
 - 2.2.1 Any subsequent change of MHCP during a twelve month period is allowed at the consumer's request with documented good cause.
3. Providers are expected to make every effort throughout the treatment process to identify the unique needs of the consumer and to match these needs with the providers in the RSN continuum of care. This includes making consumers aware of other provider specialties, geographical access and additional care options.

4. Consumers are encouraged to choose the provider that can meet their individual needs without any requirement that they access treatment through a specific facility or treatment program.

Consumer Initiated Transfer

5. Consumers are free to transfer services among SCRSN network providers. Should a consumer wish to change providers, the reason for the transfer should be ascertained and documented in the client record.
 - 5.1 The provider is expected to facilitate the transfer to the consumer's requested agency without retribution. Should the consumer require assistance in identifying a new agency, the provider will furnish information and assistance to assure continuity of care. The provider will complete a transfer request form with the consumer signature, retaining a copy for the client's record, and providing the original to the new agency.
6. During the access/assessment process, the provider will ask the consumer whether he/she is receiving or has received treatment elsewhere within the RSN contracted network.
 - 6.1 If the consumer indicates current or previous treatment at another agency but requests a transfer, the provider must complete a transfer request with the consumer's signature. The original is sent to the provider from whom the consumer is transferring and a copy is retained in the client records.
 - 6.2 Upon receipt of the transfer request, the current/previously treating agency will discharge the client.
 - 6.3 If the consumer indicates he/she does not want to transfer, the provider will facilitate the consumer's return to the original agency.

Monitoring

This policy will be monitored through the annual contracted provider monitoring, with the appropriate recommendations, findings and/or corrective actions required in performance improvement projects.

Attachment

Transfer Request Form