



Monterey County Behavioral Health Policy and Procedure

Policy Number	464
Policy Title	Change Of Diagnosis
References	None
Form	Change Of Diagnosis Consumer Rights And Complaint Process Grievance Form
Effective	April 16, 2002 Revised: April 10, 2006

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

Policy

It is the policy of the MCHD-BHD that correct procedures are followed when there is a consideration of a change of diagnosis that may impact the treatment and benefits of the client.

Procedures

1. Primary responsible staff treating the client must advise the treatment team, if working in a program with teams, that he/she is re-evaluating the client's diagnosis and treatment.
2. Primary responsible staff must review all documents available, request and review records from previous treatments, both inpatient and outpatient, if available.
3. Re-evaluate the client's past and present psychiatric history. At this interview, the primary responsible staff must advise the client of the:
 - a. Purpose of the re-evaluation,
 - b. Approximate duration of the re-evaluation process,
 - c. The possible impact of the change of diagnosis, i.e., referred to a different program, decrease or increase of services or non-availability of services.
4. Advise the team, if working in teams, of the outcome of re-evaluation when completed.
5. Request a second opinion, if there is still a question of the diagnosis after the re-evaluation.
6. Advise the client of the outcome of the evaluation.
7. Advise the client and provide written information of client's rights to appeal or grieve or request a State Fair Hearing regarding the decision if there is an adverse decision made.
8. Update the change in the Diagnosis section of the client's electronic health record.
9. Primary responsible staff, with the assistance of the Quality Improvement Behavioral Health Service Manager, will prepare a position statement and represent the county if the client requests a State Fair Hearing.

MONTEREY COUNTY HEALTH DEPARTMENT

33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58

BEHAVIORAL HEALTH DIVISION

CHANGE OF DIAGNOSIS

Client's Name: _____ **MR No:** _____

Clinician's Name: _____ **Clinician No:** _____

Date: _____ **Provider No:** _____

New Diagnosis: _____ **Code:** _____.____

_____ **Code:** _____.____

_____ **Code:** _____.____

Old Diagnosis: _____ **Code:** _____.____

_____ **Code:** _____.____

_____ **Code:** _____.____

Changed by: _____ **Date:** _____