



HURON BEHAVIORAL HEALTH
PROCEDURE

Procedure #: **RR.2.47**
Issue Date: **06/16/03**
Rev. Date: **08/22/25**
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Title: Second Opinion Procedure

Prepared By: **Clinical Director**

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Purpose:

To define the process for providing an opportunity to consumers to receive a second opinion relative to determinations for in-patient hospitalizations, crisis residential services, and all other services provided to individuals by Huron Behavioral Health (HBH).

Scope:

This procedure applies to all employees (including full-time and part-time employees), contract providers, volunteers, students, and interns of HBH programs, both direct and contracted.

Information:

The Michigan Mental Health Code (Public Act 258 of 1974) requires Community Mental Health Services Programs (CMHSPs) to provide individuals served with an opportunity to receive a second opinion relative to all decisions for the provision of services.

Procedure:

A. Second Opinions Relating to Determinations for Psychiatric Hospitalizations or Crisis Residential:

(Note: See also the Michigan Mental Health Code 330.1409)

1. When an HBH on-call Emergency Services (ES) worker responds to an emergent/crisis situation, the worker will complete a Pre-Admission Screening Form in the Electronic Medical Record (EMR) system and make a determination based on the individual's mental health status and available risk factors, as to the need for placement of the individual in a psychiatric in-patient hospital or crisis residential home for treatment.
2. If the ES worker determines that hospitalization or crisis residential is not warranted, the worker will notify the consumer of this decision. This is considered a denial of services, and therefore the worker must also complete an Adverse Benefit Determination Notice in the EMR system.
3. The ES worker will inform the individual that they are entitled to a second opinion regarding the denial for admission to in-patient hospital or crisis residential placement.
4. If the individual disagrees with the determination to not place them in an in-patient hospital or a crisis residential home, the worker will complete the "[Second Opinion Form](#)" (90-181) and obtain the individual's signature.
5. The completed Second Opinion form will be forwarded to the Executive Director (or the Clinical Director in the absence of the Executive Director) who will:
 - review the details of the original determination
 - obtain information from the ES worker involved in the denial of services
 - arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist within three (3) days (excluding Sundays and holidays) of receiving the request
 - make a decision regarding the admission determination in conjunction with the psychiatrist, physician, or licensed psychologist based on all clinical information available.
 - notify the individual of the determination (in writing) which shall include the signatures of the Executive Director and the Medical Director (or provide verification that the decision was made in conjunction with the Medical Director).
6. If the decision is upheld, (that is, the determination is to not hospitalize the individual), HBH staff will immediately notify the individual, provide appropriate referral sources, and inform the individual of their right to a grievance or an appeal (see [RR.2.36 "Appeal & Grievance Procedure"](#)).

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7. If the Second Opinion decision is NOT upheld, the individual will immediately be notified and services will be provided.
8. A copy of the completed Second Opinion Form will be routed to the Grievance and Appeals Coordinator, the Primary worker (if applicable), and clerical services staff (for the case record).

B. Second Opinions Relating to All Other Services (excluding Hospitalizations/Crisis Residential Services):

See also the Michigan Mental Health Code 330.1705

1. If service(s) have been denied, suspended, or terminated, the worker will generate an Adverse Benefit Determination Notice in the EMR system.
2. The consumer (or his/her parent/guardian) may request a second opinion from the HBH Executive Director in regards to the services that have been denied, suspended, or terminated.
3. HBH staff will provide the consumer with information on second opinion if they disagree with the services being denied will assist the consumer in filling out a "[Second Opinion Request Form](#)" (90-370) if requested.
4. The Executive Director will obtain a second opinion from a physician, licensed psychologist, registered professional nurse, master's level social worker, or master's level psychologist regarding the provision of the denied service(s).
5. The Executive Director (or designee) will complete their determination within fourteen (14) calendar days of the receipt date to make a determination and notify the consumer of the decision.
6. If the decision is upheld, (e.g., services will NOT be provided), HBH staff will immediately notify the individual, provide appropriate referral sources, and inform the individual of their right to a grievance or an appeal (see [RR.2.36 "Appeal & Grievance Procedure"](#)).
7. If the conclusion of the second opinion determines the individual to have a serious mental illness, serious emotional disturbance, or intellectual/developmental disability, or if the individual is experiencing an emergency situation or urgent situation, the consumer will be notified, and mental health services will be provided to the individual.

C. Reporting:

1. The Grievance and Appeals Coordinator will enter Second Opinion Determinations in the EMR system and send an [acknowledgement letter \(90-242\)](#) along with the appropriate completed Second Opinion Form ([90-181](#) or [90-370](#)) to the consumer.

Definitions/Acronyms:

CMHSP - Community Mental Health Services Programs

EMR – Electronic Medical Record

ES – Emergency Services

HBH – Huron Behavioral Health

MDHHS – Michigan Department of Health and Human Services

Forms:

[90-181](#) Second Opinion for Denial of Hospitalization or Crisis Residential Form

[90-370](#) Second Opinion for Denial of Services (for non-hospitalization/Crisis Residential services) Form

[90-242](#) Grievance and Appeal Letter Form

Pre-Admission Screening for Inpatient Psychiatric Admission Form (in EMR)

Adverse Benefit Determination Notice Form (in EMR)

Records:

Records of second opinions are retained in the consumer's case record in the EMR system for a minimum of seven (7) years.

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MDHHS Site Review Protocol

Michigan Mental Health Code 330.1409 & 330.1705 @ http://michigan.gov/mdch/0,1607,7-132-2941_4868-23755--,00.html
[RR.2.36 Appeals and Grievance Procedure](#)**Change History:**

Change Letter	Date of Change(s)	Changes
A	08/18/04	Added steps #8 and #9 to "Procedure" section, added form "90-283" and added record retention (second bullet under "Records" section), changed title from "Second Opinion Form Instruction"
B	05/23/06	Broke instruction into two categories (A & B) and added information regarding "All Other Services" (section B), added section "C".
C	06/21/06	In section B.3, removed the "Expedited determination" of 3 days since there is no requirement for expedited decisions, added 100-013 and 100-015 in "Forms" section, added A.2 and B.1.
D	07/23/09	Reviewed and revised to comply with COA 8 th edition standards, B.6 added "the consumer will be notified, and", corrected clinical titles.
E	05/30/13	Reviewed and revised to comply with 8 th edition COA standards – removed specific reference to MDCH site review protocols (B.10.1.5) from "References" section, I "Records" section changed "1 year" to "7 years", corrected numerous broken hyperlinks.
F	12/10/14	Removed reference to "secure desktop", "regional form", and "AAM" throughout document, added "EMR" & "CMHSP" in "Acronym" section, combine C.1 & C.2 into C.1
G	08/03/16	Removed form numbers (100-006, 100-013, 100-014, 100-015, & 100-016) (11 places) as these are now EMR forms, changed "MDCH" to "MDHHS" (2places), made numerous wording/grammatical changes/corrections throughout document without changing sentence content.
H	05/15/18	In "Procedure" section #5 last bullet added "(in writing)", made several additional minor changes/corrections throughout document without changing sentence content.
I	04/21/20	Changed "Adequate Notice" and "Advance Notice" to "Adverse Benefit Determination Notice" throughout document (5 places), made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
J	02/21/22	In "Procedure" section in A.5 fifth bullet added "which shall include the signatures of the Executive Director and the Medical Director, or verification that the decision was made in conjunction with the Medical Director.", in B.3 added "registered professional nurse", made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
K	12/12/23	Made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
L	08/22/25	Made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.