

QUICK REFERENCE ON CBHI MENTAL HEALTH SERVICES FOR YOUTH:

A GUIDE TO SERVICES IMPLEMENTED DUE TO THE ROSIE D. LITIGATION



and



I. BRIEF BACKGROUND ON THE ROSIE D. LITIGATION

- In 2001 Medicaid-eligible children in Massachusetts filed a lawsuit in federal district court against the governor and various state agencies seeking better access to in-home mental health services in order to reduce institutionalization.
- In January 2006, the district court found that Massachusetts had failed to provide Early Periodic Screening Diagnosis and Treatment (EPSDT) to these children as required by the Federal Medicaid Act.
- In July 2007, the court entered judgment for the plaintiffs and ordered a detailed remedial plan. The Commonwealth coordinates its implementation efforts through the **Children's Behavioral Health Initiative (CBHI)**.
- **As a result of this litigation, Massachusetts must now provide behavioral health screening, diagnostic evaluation, and an array of new behavioral health services to children up to age 21 who have MassHealth.**

II. REQUIRED STEPS FOR ACCESSING SERVICES

1. **Child enrolls in MassHealth:** To determine MassHealth enrollment *status* including coverage type, call MassHealth client services at 800-841-2900. See column IV for information on *how* to enroll a child in MassHealth.
 - a. **In-home therapy and mobile crisis intervention:** Available to children with *any* type of MassHealth except Limited.
 - b. **All other services** (see column III): Available only to children enrolled in one of two types of MassHealth: CommonHealth or MassHealth Standard. (Note: Youth in DCF custody or committed to DYS should have MassHealth Standard.)
2. **Child is referred for diagnostic evaluation**
 - a. **Physician referral:** If a physician finds through screening at a well-child visit or upon request that a child may have a behavioral health need, that physician can refer the child to a mental health clinician for evaluation.
 - b. **Self-referral:** A parent/guardian may call a qualified mental health clinician/provider or Community Service Agency (CSA) directly for an evaluation. To find a qualified clinician/provider, the parent/guardian should call the number on the back of the child's MassHealth card or MassHealth client services or look online for providers (see column XII for website address).
 - c. **Agency referral:** Agencies that work with the family, such as DCF, or schools may refer a child for evaluation with appropriate permission and consent.
3. **Child undergoes diagnostic evaluation:** Evaluators assess the strengths/needs of child and family, determine whether the child has a serious emotional disturbance (SED) or other mental health needs, and make treatment recommendations.
 - a. **Community Service Agencies (CSAs) and in-home therapists:** Every region in Massachusetts now has a CSA (see column IX). An in-home therapist or a CSA may conduct diagnostic evaluations. CSAs, as the sole provider of Intensive Care Coordination (ICC) (see column III for description), may be the best choice for an evaluation when a child is believed to require ICC. CSAs must respond to referrals promptly (see column VI for timeline).
 - b. **MassHealth-qualified provider:** A qualified provider can also conduct a diagnostic evaluation. Potential providers include acute care hospitals, mental health clinics, and out-patient therapists.
4. **Provider implements services for child:** (See column III for description of services.) MassHealth will only pay for services that a provider has deemed medically necessary (see column XII for website with medical necessity criteria). Intensive Care Coordination (ICC) is the *only* service that *requires* a child to have a serious emotional disturbance (SED) for eligibility.
 - a. **Intensive Care Coordination (ICC):** Once *the* CSA makes a determination that a child has an SED and meets other medical necessity criteria, the child may receive ICC.
 - b. **In-home therapy:** The in-home therapy provider must determine that in-home therapy is medically necessary.
 - c. **Behavior management, therapeutic mentoring, and family support:** In order to be eligible for any one of these three services, a child must have a clinical treatment plan in place that identifies the medical need for the particular service.
 - d. **Mobile crisis intervention (MCI):** A child experiencing a behavioral health crisis may receive this service to help de-escalate, stabilize, and assess a crisis situation.
5. **Appeals:** If a service is denied at any stage, consult column X for appeal advocacy tips.

III. SERVICES AVAILABLE

Intensive Care Coordination (ICC): Wrap-around services organized by a care coordinator through a Community Service Agency (CSA). The care coordinator ensures the preparation and monitoring of a single integrated treatment plan that is child and family centered and integrates other agency and provider plans.

In-home therapy: Counselors work with the whole family in a home or community setting. Includes 24/7 urgent response, care coordination, and paraprofessional support in day-to-day implementation of treatment goals.

Behavior management therapy and behavior monitoring: Management of challenging behaviors at home or in the community. Clinician assesses behavior and develops and reviews management plan. Paraprofessional acts as behavior monitor, implementing the plan by modeling and reinforcing behavior strategies.

Therapeutic mentoring services: Structured one-on-one relationship between paraprofessional and youth addressing daily living, social, and communication skills at home or during social and recreational activities. Supervised by a clinician.

Family support and training (FS&T or family partners): Family partner with experience caring for a child with special needs provides one-on-one support, education, coaching, and training to caregiver in addressing child's behavioral health needs.

Mobile crisis intervention (MCI): Mobile, face-to-face response to youth in crisis, available 24/7 and up to 72 continuous hours of crisis management. Delivered by a clinician/paraprofessional team in the home or other community setting. *Some MCI providers may provide initial response/assessment to all youth in crisis including those not covered by MassHealth.*

IV. HOW TO ENROLL A CHILD IN MASSHEALTH

- ⇒ Many CSAs will help clients navigate MassHealth enrollment; check with the relevant CSA before beginning the enrollment process.
- ⇒ Generally, for the quickest enrollment in MassHealth, a child's guardian should bring appropriate documentation to a MassHealth enrollment center (typically a community health center), sometimes called a "Virtual Gateway" site, where the center's staff help individuals fill out and submit MassHealth applications online. A list of these centers is available at www.communitywalk.com/compartners but verify by phone that the site is currently enrolling people before sending a client.

Appropriate documentation includes:

- (1) a completed MassHealth application (available online);
- (2) income verification (e.g., pay stubs, a tax return, or employer letter);
- (3) government-issued ID if the child is 16 or older;
- (4) a birth certificate, passport, or official immigration documents; and
- (5) the social security numbers of all persons in the household.

MassHealth ordinarily has 45 days to decide on applications but 90 days to decide on applications based on disability.

Immigration status affects eligibility for certain kinds of MassHealth.

- ⇒ All services except in-home therapy and mobile crisis intervention require the child to have one of two specific MassHealth coverage types:
 - ◆ **MassHealth Standard** has an income limit, but the vast majority of families enrolled in MassHealth are enrolled in MassHealth Standard.
 - ◆ **CommonHealth** requires that the child be disabled. A child who has a serious emotional disturbance (SED) is disabled for the purposes of CommonHealth. In order to apply for MassHealth based on a child's disability or in order to switch a child's existing MassHealth coverage to CommonHealth (for access to all services), a guardian must submit additional documentation to MassHealth, including:
 - (1) a MassHealth Disability Supplement form for the child, which is Supplement A to the MassHealth application (available online);
 - (2) a MassHealth Medical Records Release Form (available online); and
 - (3) if at all possible, an assessment from a MassHealth mental health clinician using the CANS assessment tool.

Even if a family earns too much income to qualify for MassHealth, a disabled child will qualify for CommonHealth. (But the family may have to pay a sliding premium.) If a child has difficulty enrolling in MassHealth Standard or CommonHealth, contact a Virtual Gateway site (i.e., enrollment center) or another resource in column XI or XII for assistance.

V. MASSHEALTH FORMS AVAILABLE ONLINE

Application including disability supplement:

www.mass.gov/Eeohhs2/docs/masshealth/appforms/mbr.pdf

Medical Records Release Form (for providers to talk to MassHealth):

www.mass.gov/Eeohhs2/docs/masshealth/appforms/mh_mrr.pdf

Permission to Share Information (for MassHealth to talk to advocate):

www.mass.gov/Eeohhs2/docs/masshealth/privacy/psi.pdf

VI. TIPS FOR ADVOCATES

- ⇒ If a client is referred to a CSA, ensure that the CSA abides by its obligations and the relevant timelines. (A CSA "manual" is available online (see column XII).) A CSA must:
 - ◆ Within 24 hours of a referral, make telephone contact.
 - ◆ Within 3 calendar days of the referral, offer a face-to-face interview with the child during which the family signs a consent to participate and the CSA develops an initial risk assessment and crisis plan.
 - ◆ Within 10 days of a family's consent to participate, conduct a comprehensive home-based assessment using the Child and Adolescent Needs and Strengths (CANS) tool.
 - ◆ Within 28 days of consent, develop the composition of the care planning team (CPT), hold the first CPT meeting, and develop an individual care plan (ICP). **The family has authority, generally, to determine who will be part of the CPT.**
 - ◆ Refer children without an SED determination or who refuse Intensive Care Coordination (ICC) to individual services as medically indicated.
- ⇒ Because a CSA may serve a child who lives outside its region, consider contacting a CSA in another region if the child encounters a waiting list at the local CSA.
- ⇒ Alert your clients' families and providers to the availability of mobile crisis intervention, which may be accessed instead of calling the police/ambulance when the child acts out.

VII. LEGAL REPRESENTATION OF SYSTEM-INVOLVED YOUTH

- ⇒ Remember that as child's attorney you represent the child's express wishes; ensure that the child wants services before advocating for them or suggesting them to the court.
- ⇒ Note that DCF automatically enrolls children in its custody in MassHealth Standard, and DYS seems to enroll committed youth in MassHealth Standard.
- ⇒ Consider and advise your client on confidentiality issues that may arise through use of the new services, particularly Intensive Care Coordination (ICC). If the youth is in the custody of DCF, committed to DYS, or otherwise court-involved, the treatment team could include probation officers and state agency social workers.
- ⇒ If a child client voluntarily agrees to services, suggest to the probation officer, district attorney and/or judge that the child be referred to a CSA as an alternative to DYS detention or commitment, CHINS adjudication, removal from the home, etc.
- ⇒ Ensure that state agencies (e.g., DCF, DYS) abide by their CBHI protocols, available at www.rosied.org (in the "Document Library" under "State Agency Protocols").

VIII. RELEVANT ACRONYMS

- CANS — Child and Adolescent Needs and Strengths tool, used in diagnostic evaluations
- CBHI — Children's Behavioral Health Initiative
- CPT — Care Planning Team, headed by a care coordinator
- CSA — Community Service Agency
- FS&T — Family Support and Training (i.e., family partners)
- ICC — Intensive Care Coordination
- ICP — Individual Care Plan
- MCE — Managed Care Entity (e.g., Massachusetts Behavioral Health Partnership (MBHP), BMC Health Net, Network Health, and Beacon Health Strategies (which serves Fallon Community Health Plan and Neighborhood Health Plan members))
- MCI — Mobile Crisis Intervention (both the service and the provider of the service)
- SED — Serious Emotional Disturbance

IX. COMMUNITY SERVICE AGENCIES (CSAs)

All CSAs conduct diagnostic evaluations and provide Intensive Care Coordination (ICC) and family support and training (FS&T).

CSAs also either provide the other services (see column III) or will make referrals to other providers of those services.

Note: The CSA area offices correspond to (i.e., serve the same towns as) the DCF area offices.

REGION	AREA OFFICE	COMMUNITY SERVICE AGENCY	PHONE NUMBER
BOSTON	Dimock St.	MSPCC	617-983-5842
	Harbor	North Suffolk Mental Health Association	617-912-7708 888-898-8859
	Hyde Park/Park St.	The Home for Little Wanderers	877-272-6032
METRO	Arlington	Riverside Community Care	877-869-3016
	Cambridge	Guidance Center, Inc.	617-354-1519 x114
	Coastal	Bay State Community Services, Inc.	617-471-8400 x163
CENTRAL	Framingham	Wayside Youth & Family Support Network	508-620-0010
	North Central	Community Healthlink	877-240-2755
	South Central	Y.O.U., Inc.	508-765-9102 x18
	Worcester East / Worcester West	Community Healthlink (Families & Communities Together)	877-778-5030
NORTHEAST	Cape Ann	Health & Education Services, Inc.	978-922-0025 x0
	Haverhill	Health & Education Services, Inc.	978-374-0414
	Lawrence	Children's Friend and Family Services	978-682-7289
	Lowell	MSPCC	978-937-3087
	Lynn	Children's Friend and Family Services	781-593-7676
	Malden	Eliot Community Human Services	781-395-0632
SOUTHEAST	Attleboro	Community Counseling of Bristol County	508-828-9116 x579
	Brockton	BAMSI; Wraparound Family Services	508-587-2579 x30
	Cape and the Islands	Justice Resource Institute	888-889-8902 508-771-3156
	Fall River	Family Service Association	774-627-1149
	New Bedford	Child and Family Services, Inc.	508-990-0894
	Plymouth	Bay State Community Services, Inc.	508-830-3444 x321
WESTERN	Greenfield/Northampton	Clinical & Support Options	413-774-1000 x2002
	Holyoke	Carson Center for Human Services	888-877-6346
	Pittsfield	Brien Center for Mental Health and Substance Abuse Services	800-252-0227
	Robert Van Wart / Springfield	Behavioral Health Network	413-737-0960
SPECIALTY	Boston	Children's Services of Roxbury (focusing on African-American youth)	617-989-9499
	Statewide	The Learning Center for the Deaf, Walden School (focusing on hearing-impaired youth)	508-875-9529
	Springfield/Holyoke	Gandara Center (focusing on Latino youth)	413-846-0445

X. RELEVANT APPEALS PROCESSES

Denial of MassHealth coverage

- The applicant has 30 days from receipt of the denial notice to request a fair hearing to challenge the decision. Notice is presumed to be received 3 days after mailing.
- Applicants may submit additional information prior to and during a hearing and may bring an advocate to the hearing.

Denial, reduction, or discontinuation of services

- If a managed care entity (MCE) does not approve the need, amount, or duration of services requested by a clinician, the guardian may file a grievance with the MCE within 30 days. In the case of reduction or termination of services already being received, the grievance must be filed within 10 days in order to continue the services until resolution.
- If the grievance does not resolve the issue, the guardian can appeal to MassHealth within 30 days through a process that includes an adjudicatory hearing. To continue services that the MCE plans to reduce or terminate, appeal to MassHealth within 10 days of the MCE decision on the original grievance.
- MCE handbooks, which describe parts of the appeals process, are available online at the Children’s Behavioral Health Initiative website (see column XII).

CSA or clinician denial of services

- Federal regulations permit families to file a grievance if a clinician or CSA finds that a child does not require services, but MassHealth does not currently recognize that process. If you encounter this issue, call the Center for Public Representation.
- Disputes within the care planning team (CPT) have their own dispute resolution process.

XI. COMMUNITY LEGAL RESOURCES

Personnel available at the following organizations at the listed numbers can help answer any questions and provide legal advice about accessing the services now available as a result of the Rosie D case.

Statewide:	Center for Public Representation 617-965-0776 (Kathryn Rucker)
Boston area:	Greater Boston Legal Services/ Cambridge and Somerville Legal Services 617-603-2716 (Deborah Filler)
	Massachusetts Advocates for Children 617-357-8431 ext. 224 (Susan Cole)
Northeast:	Children’s Law Center of Massachusetts 781-581-1977 (Jessica Berry) 888-543-5298
Southeast:	South Coastal Counties Legal Services 508-586-2110 (Melissa Craig)
West/Central:	Legal Assistance Corp. of Central Massachusetts 508-752-3718 (Harry Ferguson) 800-649-3718

XII. ONLINE RESOURCES

Rosie D. website: www.rosied.org
(the “Document Library” includes many helpful documents including “State Agency Protocols” and the CSA “Operations Manual”, which are found in the section on “Implementation Documents”)

MassHealth website: www.mass.gov/masshealth

Children’s Behavioral Health Initiative website: www.mass.gov/masshealth/childbehavioralhealth
(for MCE handbooks which contain grievance procedures, click on “Information for Members”)

MassHealth Advocacy Guide: www.masslegalservices.org/MassHealthAdvocacyGuide
(information on eligibility and appeals)

Massachusetts Behavioral Health Partnership website: www.masspartnership.com
(website for the most widely used MCE with information on new CBHI services)

Searchable directory of legal services offices (including those that work on public benefits issues):
www.masslegalservices.org/directory

List of Virtual Gateway sites: www.communitywalk.com/compartners

Community Service Agencies (CSAs) by town (click on “Alert 64 Attachment I: Geographic CSAs”): <http://www.masspartnership.com/provider/index.aspx?InkID=CBHI.ascx>

List of current MassHealth providers of CBHI services:
<http://www.masspartnership.com/provider/>
(click on “Important Contacts” on the left-hand side of the screen)
<http://www.rosied.org/Content/Documents/Document.aspx?DocId=57347>

Links to detailed description and medical necessity criteria for each behavioral health service: <http://www.rosied.org/Default.aspx?pageld=84580>

The **Children’s Law Center of Massachusetts (CLCM)** is a non-profit organization that provides free legal assistance to low-income children of the Commonwealth in the areas of education, child welfare and juvenile justice. Headquartered at 298 Union Street, Lynn, MA 01901, it maintains project offices in Roxbury and Lawrence. The CLCM is supported by the Skadden Fellowship Foundation, the Mass Bar Foundation, the Massachusetts Legal Assistance Corporation, Boston Bar Foundation, United Way, Bank of America, and Eastern Bank, among other equally generous foundations, corporations and individual donors. **Contact and other information at www.clcm.org or 781-581-1977 (toll-free 1-888-KIDLAW8).**

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**CHILDREN'S LAW CENTER
OF MASSACHUSETTS**



The **Center for Public Representation** is a non-profit public interest law firm providing mental health law and disability law services. The Center seeks to improve the quality of lives of people with mental illness and other disabilities through the systemic enforcement of their legal rights while promoting improvements in services for citizens with disabilities. Based in Massachusetts, with offices in Northampton and Newton, the Center is engaged in activities both in the state and throughout the nation. Through its systemic activities during the past 30 years, the Center has been a major force in promoting improvements in services for citizens with disabilities.

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