

QUICK REFERENCE ON CBHI MENTAL HEALTH SERVICES FOR YOUTH:

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



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 and the child's managed care entity (MCE), call MassHealth client services at 800-841-2900. See column IV for information on MassHealth enrollment.
 - a. **Mobile crisis intervention:** Available to children with *any* type of MassHealth.
 - b. **In-home therapy:** Available to children with *any* type of MassHealth except Limited.
 - c. **All other services** (see column III): Available only to children enrolled in one of two types of MassHealth: Commonwealth or MassHealth Standard. (Note: Youth in DCF custody or DYS-committed can access MassHealth Standard.)
2. **Child is referred for diagnostic evaluation and/or services:**
 - 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 and/or services.
 - b. **Self-referral:** A parent/guardian may call an outpatient therapist, in-home therapist, or Community Service Agency (CSA) directly for an evaluation and/or to request services. To find a qualified clinician/provider, the parent/guardian should call the managed care entity (MCE) or look online for providers (see column XI for website address).
 - c. **Agency/professional referral:** Agencies or professionals who work with the family, such as DCF, lawyers, residential programs, or schools may refer a child for evaluation/services with permission and consent from the family.
3. **Provider determines medical necessity:** Providers 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. MassHealth will only pay for services that a provider has deemed medically necessary (see column XI for website with medical necessity criteria). An outpatient therapist, in-home therapist, or Community Service Agency (CSA) conducts these evaluations and determines what services are appropriate and necessary for the child.
4. **Provider implements services for child:** (See column III for description of services.)
 - 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. Intensive Care Coordination (ICC) is the *only* service that *requires* a child to have a serious emotional disturbance (SED) for eligibility.
 - b. **In-home therapy:** The in-home therapy provider must determine that in-home therapy is medically necessary.
 - c. **In-home behavioral services, therapeutic mentoring, and family partners:** In order to be eligible for any one of these three services, a child must have a clinical treatment plan — created by an outpatient therapist, in-home therapist or intensive care coordinator — 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. Anyone can call this service; the parent must consent to the service.
5. **Appeals:** If a service is denied at any stage, consult column IX 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 care plan that is child and family centered and integrates other agency and provider plans.

Family partner (FP): A 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.

In-home therapy (IHT): 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.

In-home behavioral services (IHBS): Management of challenging behaviors at home or in the community. Behavioral specialist assesses behavior and develops and reviews management plan. Paraprofessional acts as behavior monitor, implementing the plan by modeling and reinforcing behavior strategies.

Therapeutic mentoring (TM): 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.

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

IV. HOW TO ENROLL A CHILD IN MASSHEALTH

⇒ 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 (online address below);
- (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.

⇒ **Even if a family earns too much income to qualify for MassHealth or has private insurance, a disabled child will qualify for a form of MassHealth called CommonHealth.** To apply for MassHealth based on disability, the parent/guardian must submit the above paperwork and:

- (1) check off that the child is disabled on the MassHealth application and fill out Supplement A to the MassHealth application;
- (2) submit the Child Disability Supplement (online address below);
- (3) sign and submit a MassHealth Medical Records Release Form (online address below) for every medical provider; and
- (4) if possible, include any documentation of the child's disability such as evaluations, most recent IEP, a letter from the psychiatrist, etc.

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 X or XI for assistance.

⇒ Consider having the parent/guardian sign a Permission to Share Information form (online address below) so that you may communicate directly with MassHealth about the state of an application or enrollment issue.

V. MASSHEALTH FORMS AVAILABLE ONLINE

Application including Supplement A:

<http://www.mass.gov/eohhs/docs/masshealth/appforms/mbr.pdf>

Child Disability Supplement:

<http://www.mass.gov/eohhs/docs/masshealth/appforms/mads-child.pdf>

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

<http://www.mass.gov/eohhs/docs/masshealth/appforms/mh-mrr.pdf>

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

<http://www.mass.gov/eohhs/docs/masshealth/privacy/psi.pdf>

VI. TIPS FOR ADVOCATES

- ⇒ Refer to the services any child who expresses interest; the provider will determine if the child qualifies.
- ⇒ Consider what might be the most appropriate service referral — intensive care coordination (ICC) is the most intensive service followed by in-home therapy (IHT) followed by outpatient therapy. A child without any services may not need the intensity of ICC.
- ⇒ 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.
- ⇒ Once a child has been referred, ensure that the child receives prompt services by:
- ◆ communicating directly with the provider;
 - ◆ working with the provider to obtain interim services;
 - ◆ identifying providers without a waitlist (at www.mabhaccess.com); and/or
 - ◆ appealing to the managed care entity (MCE) if services are delayed (see Section IX).
- ⇒ Become involved with the care plan team (CPT)/provider from the beginning.
- ◆ Help the family determine who will be part of the CPT; agency (i.e., DCF, DMH, DDS) or probation involvement may not be appropriate (due to confidentiality).
 - ◆ Communicate early and often about how and with whom information will be shared.
- ⇒ Alert your clients' families, providers, and schools to the availability of mobile crisis intervention, which may be accessed in a crisis instead of calling the police/ambulance.
- ⇒ **Consider and advise your client on confidentiality issues** that may arise through use of the services, particularly Intensive Care Coordination (ICC), especially if the treatment team includes 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").
- ⇒ Help coordinate service provider attendance at school meetings, if appropriate and desired by the family.
- ⇒ With family permission and input, strategize with service providers on how they can be helpful in obtaining services from and coordinating services with the child's school.

VII. RELEVANT ACRONYMS

- CANS — Child and Adolescent Needs and Strengths tool, used in diagnostic evaluations
- CBHI — Children's Behavioral Health Initiative
- CPT — Care planning team, the team assembled in intensive care coordination (ICC)
- CSA — Community Service Agency
- FP — Family partner
- ICC — Intensive care coordination
- ICP — Individual care plan, the plan created through intensive care coordination (ICC)
- IHBS — In-home behavioral services
- IHT — In-home therapy
- 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
- TM — Therapeutic mentoring

VIII. COMMUNITY SERVICE AGENCIES (CSAs)

All CSAs provide intensive care coordination (ICC) and family partners (FP).
 Note: The CSA area offices correspond to (i.e., serve the same towns as) the DCF area offices.

| | AREA OFFICE | COMMUNITY SERVICE AGENCY | PHONE NUMBER | WEBSITE |
|-----------|------------------------------------|--|--------------------|------------------------------|
| BOSTON | Dimock St. | Justice Resource Institute (JRI) | 617-522-0900 | www.jri.org |
| | Harbor | North Suffolk Mental Health Association | 617-488-5713 | www.northsuffolk.org |
| | Hyde Park/Park St. | The Home for Little Wanderers | 617-469-8594 | www.thehome.org |
| METRO | Arlington | Riverside Community Care | 877-869-3016 | www.riversidecc.org |
| | Cambridge | Guidance Center, Inc. | 617-354-2275 | www.gcinc.org |
| | Coastal | Bay State Community Services, Inc. | 617-471-8400 x163 | www.baystatecs.org |
| CENTRAL | Framingham | Wayside Youth & Family Support Network | 508-620-0010 | www.waysideyouth.org |
| | North Central | Community Healthlink | 877-240-2755 | www.communityhealthlink.org |
| | South Central | Y.O.U., Inc. | 508-890-6591 | www.youinc.org |
| | Worcester East / Worcester West | Community Healthlink (Families & Communities Together) | 877-778-5030 | www.communityhealthlink.org |
| NORTHEAST | Cape Ann | Lahey Health Behavioral Services (formerly Health and Education Services (HES) and then Northeast Behavioral Health) | 978-922-0025 x0 | www.nebhealth.org |
| | Haverhill | Lahey Health Behavioral Services (formerly Health and Education Services (HES) and then Northeast Behavioral Health) | 978-374-0414 | www.nebhealth.org |
| | Lawrence | Children's Friend and Family Services | 978-682-7289 x2565 | www.childrensfriend.net |
| | Lowell | Wayside Youth and Family Support Network | 978-221-6923 x224 | www.waysideyouth.org |
| | Lynn | Children's Friend and Family Services | 781-593-7676 | www.childrensfriend.net |
| | Malden | Eliot Community Human Services | 781-395-0632 | www.eliotchs.org |
| SOUTHEAST | Attleboro | Community Counseling of Bristol County | 508-828-9116 x579 | www.comcounseling.org |
| | Brockton | BAMSI; Wraparound Family Services | 508-587-2579 x30 | www.bamsi.org |
| | Cape and the Islands | Justice Resource Institute | 508-771-3156 | www.jri.org |
| | Fall River | Family Service Association | 774-627-1149 | www.frfsa.org |
| | New Bedford | Child and Family Services, Inc. | 508-990-0894 | www.child-familyservices.org |
| | Plymouth | Bay State Community Services, Inc. | 508-830-3444 x302 | www.baystatecs.org |
| WESTERN | Greenfield/ Northampton | Clinical & Support Options | 413-774-1000 | www.csoinc.org |
| | Holyoke | Carson Center for Human Services | 888-877-6346 | www.carsoncenter.org |
| | Pittsfield | Brien Center for Mental Health and Substance Abuse Services | 413-499-0412 | www.briencenter.org |
| | Robert Van Wart / Springfield | Behavioral Health Network | 413-737-0960 | www.bhninc.org |
| SPECIALTY | Boston | Children's Services of Roxbury (focusing on African-American youth) | 617-989-9499 | www.csrox.org |
| | Statewide | The Learning Center for the Deaf, Walden School (focusing on hearing-impaired youth) | 508-875-9529 | www.wsdeaf.org |
| | Springfield/Holyoke | Gandara Center (focusing on Latino youth) | 413-846-0445 | www.gandaracenter.org |

IX. RELEVANT APPEALS PROCESSES

Denial/Termination of MassHealth coverage

- The applicant/member 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.
- **In the case of termination of benefits, if a member (or guardian) appeals within 10 days, MassHealth coverage continues until resolution of the appeal.**

Denial, reduction, or discontinuation of services

- If a managed care entity (MCE) does not approve the need, amount, or duration of behavioral health services requested by a clinician, the member (or guardian) may file an appeal with the MCE. **In the case of reduction or termination of services, the grievance must be filed within 10 days in order to continue the services until resolution.**
- An adverse decision on an appeal to the MCE may be further appealed to the Medicaid Board of Hearings.
- MCE handbooks, which describe parts of the appeals process, are available online at the Children’s Behavioral Health Initiative website (see column XI).
- If a CSA or clinician denies services or a dispute arises within the care planning team (CPT), call the Center for Public Representation (below) to discuss resolution options.

Failure to receive timely services

- A member/guardian may appeal to the MCE when behavioral health services are not available within appropriate waiting times (i.e., extended delay in MCI arrival, long waiting lists).

Grievances regarding care received

- A guardian may also file a grievance with an MCE if s/he is not happy with the medical care received.

A grievance or appeal need not be very formal; members/guardians may initiate grievances and appeals by writing a letter or even making a phone call, although writing is best.

X. 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 CBHI services.

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 (Helpline)

Northeast: **Children’s Law Center of Massachusetts**
781-581-1977 (Jessica Berry)
888-543-5298

XI. 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/mashealth

Children’s Behavioral Health Initiative: <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/>
(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 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

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.ashx?DocId=57347>

Information about current provider availability (updated bi-weekly):
www.mabhaccess.com (login as a guest)

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 in Lynn, it maintains project offices in Boston and Lawrence. The CLCM is supported by the North Shore Community Health Network, Massachusetts Legal Assistance Corporation, Mass Bar Foundation, United Way, Eastern Bank, Spinney-Mudge Foundation, Alice Willard Dorr Trust, and Bank of America, 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).**

This Guide was written by Jessica Berry, Esq. of CLCM.



**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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