

# **APPLYING FOR MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH SERVICES**

**Prepared by the Mental Health Legal Advisors Committee  
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**Where are the provisions describing the DMH clinical service authorization (i.e. eligibility) process?**

The provisions regarding DMH clinical service authorization (i.e. eligibility) are contained in DMH's regulations, 104 CMR 29,<sup>1</sup> and further explained on DMH's web site, [www.mass.gov/dmh](http://www.mass.gov/dmh) in a document entitled "Interpretative Guidelines for 104 CMR 29.00: Determining Service Authorization for Children, Adolescents and Adults (Rev. Nov. 17, 2010)."<sup>2</sup>

**What requirements must be met to receive DMH clinical service authorization?**

The requirements are outlined in the Service Authorization Determination Criteria section of the Guidelines.<sup>3</sup>

To be approved for DMH services, an individual must meet the clinical criteria as described at 104 CMR 29.04 (2)(a) or (2)(b), be determined in need of DMH services, and have no other means for obtaining the services, as described at 104 CMR 29.04 (3)(a), (b), (c) and (d), and DMH has available capacity to provide the services as described at 104 CMR 29.04 4(b).<sup>4</sup>

The clinical criteria are outlined in the Guidelines for

- adults,
- transition age youth, and
- children and adolescents.

**How does one apply for DMH services?**

The application process is explained in the "The Application Process" section of the Guidelines.<sup>5</sup>

That document answers the following questions:

- Who May Apply?
- Where Can an Application be Submitted?
- When is an Application Complete?
- When Will a Decision be Made?
- When is an Application Considered Withdrawn?

- When are Short-term Services Indicated?

The application forms are available at the DMH website.<sup>6</sup>

### **What clinical/educational documentation should accompany the application?**

DMH recommends sending relevant medical and educational information and documentation. Sending this information will speed the review process. These may include:

- documentation of current attending psychiatrist's diagnoses & formulation
- psychiatric assessments completed by a licensed clinician, particularly those completed within the previous six months;
- hospital admission/discharge reports if hospitalized, particularly those completed during the previous six months;
- Individualized Educational Plan (IEP) if in place;
- clinical reports or consultations;
- psychological or neuropsychological evaluations;
- competency evaluations;
- psychosocial summaries;
- substance abuse summaries;
- medical summaries, including most recent physical examination; academic testing.

### **What other documents should be included with the application?**

- Any current guardianship orders
- Authorized two-way release of information forms. The applicant should complete a release for each past and current mental health service providers within the past two years including therapists, psychiatrists, hospitalizations, school contacts, and other providers.

### **What does the DMH Clinical Service Authorization Specialist do?**

DMH Clinical Service Authorization Specialist will:

- review all of the information to determine if the applicant meets clinical criteria;
- send releases for additional information;

- speak to the applicant or guardian or speak to the parents, if the applicant is a minor
- speak to some of the collaterals.

**What else might the specialist do?**

- The DMH Clinical Service Authorization Specialist may request, as necessary, a face-to-face meeting with the applicant and/or guardian to further discuss and assess the needs of the individual and family.<sup>7</sup>
- DMH may request a clinical evaluation of the applicant.<sup>8</sup>
- The Clinical Service Authorization Specialist will review applications with the DMH Area Medical Director or consulting Child Psychiatrist as needed for complex cases.<sup>9</sup>

**What is the time frame for action to be taken on an application?**

Within 20 days of receipt of the completed application, including any supporting documentation requested by the Department, the DMH Area Director or designee shall determine whether the individual meets DMH clinical criteria.<sup>10</sup>

Within 20 days of an individual being determined to meet DMH clinical criteria, the DMH Area Director or designee shall determine whether the individual needs DMH services as set forth in 104 CMR 29.04(3).<sup>11</sup>

If within 90 days of receipt of the application, any supporting documentation, personal interviews and/or clinical evaluations have not been received or completed, the Area Director or designee shall make a determination on the application based upon such information as is then available.<sup>12</sup> The Area Director or designee may extend this time period for good cause.<sup>13</sup>

**How can an applicant, parent or guardian check on the status of an application?**

The applicant, parent or guardian may call the DMH Clinical Service Authorization Specialist for a status on their application.<sup>14</sup>

**What are the clinical criteria for adults?**

An adult must have a serious and long term mental illness that has resulted in functional impairment that substantially interferes with or limits one or more major life activities.<sup>15</sup> Serious and long term mental illness is a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, and that results in an inability to meet the ordinary demands of life.<sup>16</sup>

**What are the clinical criteria for youth?**

A youth must have a serious emotional disturbance.<sup>17</sup> Note that this criterion is different than the criterion for adults, which requires serious and long term mental illness. The serious emotional disturbance must have lasted or is expected to last at least one year.<sup>18</sup>

The serious emotional disturbance must have resulted in functional impairment that substantially interferes with or limits the youth's role or functioning in family, school, or community activities.<sup>19</sup>

The serious emotional disturbance must also meet diagnostic criteria specific that can be found in the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV but not solely within the categories of developmental disorder (such as mental retardation or pervasive developmental disorder), cognitive disorder, mental disorder due to a general medical condition not elsewhere categorized or substance-related disorders.<sup>20</sup>

### **How will eligibility requirements change as person reaches adulthood?**

An adult applicant must have serious and long term mental illness, not serious emotional disturbance. As a result, ADHD is not a qualifying diagnosis.

### **Where can I find a listing of qualifying diagnoses?**

A listing of the qualifying diagnoses for adults, transition age youth, and children and adolescents can be found in the Guidelines.<sup>21</sup>

### **What are some examples of diagnoses that do not qualify a person for DMH services?**

Examples of diagnoses that do not qualify a person for DMH services include:

- Developmental Disorders including but not limited to Autism Spectrum Disorders, Mental Retardation, etc.
- Medical Disorders including but not limited to Dementia, Brain Injury, etc.
- Substance-induced disorders including but not limited to substance-induced psychotic or mood disorders, etc.

### **What constitutes a functional impairment for an adult?**

Difficulties resulting from a primary major mental illness *must* persistently and substantially interfere with or limit role functioning in one or more major life activities and be expected to do so in the succeeding year. As described above, functional impairment in a person with a co-occurring disorder does not have to be attributed solely to an individual's qualifying mental disorder. Major life activities include basic daily living skills (e.g., eating, bathing, dressing, maintaining a household, managing money, accessing generic community services, taking prescribed medication) and functioning in social, family, and vocational/educational contexts. Risk of harm to self or others is also recognized as an index of functional impairment.<sup>22</sup>

Functional impairments of episodic, recurrent, or continuous duration are included unless they are temporary and expected responses to stressful events in the environment.

Functional impairment will be evaluated using standards outlined in the Tennessee Adult Functional Assessment Tool.<sup>23</sup>

## **What constitutes a functional impairment for a youth?**

Difficulties resulting from a serious emotional disturbance may substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills. Risk of harm to self or others is also recognized as an index of functional impairment. Functional impairment of episodic, recurrent and continuous duration is included unless it is a temporary and expected response to stressful events in the child or adolescent's environment.<sup>24</sup>

Functional impairment will be evaluated using standards outlined in the *Child and Adolescent Needs and Strengths* (CANS) assessment.<sup>25</sup>

## **What is a CANS assessment?**

Beginning in late fall of 2008, DMH began using the Child and Adolescent Needs and Strengths (CANS) assessment tool.<sup>26</sup> Clients receiving case management will have the CANS assessment completed as part of three month periodic reviews, and it will be administered at discharge from residential and inpatient programs.

The CANS assessment was identified as the assessment tool for the *Rosie D.* lawsuit, a federal court class action suit seeking community-based mental health services for Medicaid eligible youth with serious emotional disturbance in Massachusetts. The CANS assessment is also used for some Department of Children and Families clients. This cross-agency use will promote standardization of assessment and allow for cross-agency comparative analyses.

The CANS assesses in the following areas:

- Life Domain Functioning;
- Child Behavioral/Emotional Needs;
- Child risk Behaviors;
- Acculturation;
- Transition to Adulthood;
- Child Strengths.<sup>27</sup>

## **What are some practical tips about applying for DMH services?**

- It is best to have a mental health clinician, preferably the treating psychiatrist, complete the DMH application
- The application will need to present evidence of an ongoing consistent qualifying diagnosis.
- It is likely best to focus on one diagnosis, rather than list multiple diagnoses.

- It is best to have treating clinicians' ongoing therapy/session notes to support the diagnosis.
- Hospital discharge reports, while helpful, may not be sufficient evidence of a diagnosis.
- If you don't believe you have adequate evidence/documentation, it may make sense to continue to accumulate such material and then apply.

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- <sup>1</sup> Available at <http://www.mass.gov/eohhs/docs/dmh/regs/reg-104cmr29.pdf>.
- <sup>2</sup> Available at <http://www.mass.gov/eohhs/docs/dmh/services/interpretive-guidelines.doc>.
- <sup>3</sup> Available at <http://www.mass.gov/eohhs/docs/dmh/services/service-determination.doc>.
- <sup>4</sup> DMH, Service Authorization Determination Criteria, <http://www.mass.gov/eohhs/docs/dmh/services/service-determination.doc>.
- <sup>5</sup> Available at <http://www.mass.gov/eohhs/docs/dmh/services/application-process.doc>.
- <sup>6</sup> <http://www.mass.gov/eohhs/gov/departments/dmh/service-application-forms-and-appeal-guidelines.html>.
- <sup>7</sup> 104 CMR 29.04(1)(d); DMH, The Application Process, <http://www.mass.gov/eohhs/docs/dmh/services/application-process.doc>.
- <sup>8</sup> 104 CMR 29.04(1)(d).
- <sup>9</sup> Metro Suburban Area Clinical Service Authorization Unit, Department of Mental Health Clinical Service Authorization PowerPoint Presentation (Nov. 2009), at 4 (available from MHLAC).
- <sup>10</sup> 104 CMR 29.04(1)(e)1.
- <sup>11</sup> 104 CMR 29.04(1)(e)2.
- <sup>12</sup> 104 CMR 29.04(1)(e)3.
- <sup>13</sup> 104 CMR 29.04(1)(e)3.
- <sup>14</sup> Project Interface, Accessing the Massachusetts Department of Mental Health (DMH), A Guide for Parents and Guardians on How and When to Access Services for Children, Adolescents and Young Adult, <http://msppinterface.org/guides/accessingDMH>.
- <sup>15</sup> 104 CMR 29.04(2)(a).
- <sup>16</sup> 104 CMR 29.04(2)(a)(1).
- <sup>17</sup> 104 CMR 29.04(2)(b).
- <sup>18</sup> 104 CMR 29.04(2)(b)(1).
- <sup>19</sup> 104 CMR 29.04(2)(b)(2).
- <sup>20</sup> 104 CMR 29.04(2)(b)(3).
- <sup>21</sup> DMH, Service Authorization Determination Criteria, <http://www.mass.gov/eohhs/docs/dmh/services/service-determination.doc>.
- <sup>22</sup> DMH, Service Authorization Determination Criteria, <http://www.mass.gov/eohhs/docs/dmh/services/service-determination.doc>.
- <sup>23</sup> DMH, Service Authorization Determination Criteria, <http://www.mass.gov/eohhs/docs/dmh/services/service-determination.doc>.
- <sup>24</sup> DMH, Service Authorization Determination Criteria, <http://www.mass.gov/eohhs/docs/dmh/services/service-determination.doc>.
- <sup>25</sup> DMH, Service Authorization Determination Criteria, <http://www.mass.gov/eohhs/docs/dmh/services/service-determination.doc>.
- <sup>26</sup> Between July 1996 and late fall 2008, DMH Child/Adolescent Division used the Child and Adolescent Functional Assessment Scale (CAFAS) to assess functional impairment of children and adolescents applying for continuing care community services. DMH also administered the CAFAS at the time of Individual Service Plan (ISP) renewal/reauthorization.
- <sup>27</sup> DMH, Service Authorization Determination Criteria, <http://www.mass.gov/eohhs/docs/dmh/services/service-determination.doc>.