

RIGHTS REGARDING ADULT COMMUNITY CLINICAL SERVICES FUNDED BY THE MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH*

**Prepared by the Mental Health Legal Advisors Committee
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What are Adult Community Clinical Services?

Adult Community Clinical Services (ACCS) is the primary adult community service program of the Massachusetts Department of Mental Health (DMH). In July 2018, ACCS replaced DMH's Community Based Flexible Support (CBFS) program.

ACCS serves adults with long-term, serious mental illness. ACCS provides clinical services along with other supports.

How are ACCS services provided?

DMH contracts with providers in all the geographic regions of the state to provide ACCS services.

Each ACCS provider delivers services to its clients through a team. The client's team is led by an ACCS case coordinator, who is a licensed clinician. The ACCS team also includes other clinicians and staff. For example, depending on a person's needs, the team might include a peer/recovery coach, a social worker, a registered nurse, and others.

Does ACCS provide residential services?

Yes, like its predecessor CBFS, ACCS provides residential services when needed. Some individuals are offered group living environments. Others are offered individual housing units. The goal of ACCS is to help individuals move through the DMH system, so individuals are encouraged to move from group living environments to more independent housing. To accommodate that goal, DMH has expanded its rental subsidy program to allow it to provide more individual housing units.

Do ACCS providers change as an individual moves from place to place?

No. If an ACCS client moves from one living situation to another, that person's ACCS team stays with them.

Do you need to have a certain kind of health insurance to access ACCS?

No. DMH services do not depend upon health insurance eligibility.

* This pamphlet draws upon information contained on DMH's ACCS web site <https://www.mass.gov/accs> and in the document "Reforms to strengthen and improve behavioral health care for adults," Executive Office of Health and Human Services, (Jan. 17, 2018), https://www.mass.gov/files/documents/2018/01/24/bh-system-restructuring-document_1.pdf.

How does ACCS coordinate with MassHealth?

Many ACCS clients who are MassHealth eligible will also receive MassHealth services while receiving ACCS services. MassHealth uses a services called “Behavioral Health Community Partners (BH CPs)” to coordinate a person’s medical, behavioral, disability and social services. An ACCS client can have a BH CP through MassHealth in addition to having an ACCS case coordinator.

Some people who are MassHealth eligible won’t receive a BH CP. These include individuals who are enrolled in:

- One Care (for persons receiving both MassHealth and Medicare) or
- Senior Care Options (SCO) (for seniors on MassHealth and Medicare).

These programs will provide people with a similar level of enhanced care coordination and supports as that which a BH CP provides.

What happens if an ACCS client is not MassHealth eligible?

If an ACCS client is not MassHealth eligible, DMH will provide care coordination through DMH case management services. Others may also receive DMH Case Management if necessary to meet their needs.

What types of services are offered by ACCS providers?

ACCS providers can provide:

- Engagement and outreach to prevent homelessness;
- Clinical coverage -- available full time, day and night, year-round;
- Assessment and treatment planning;
- Risk assessment, crisis planning and prevention;
- Skill building and symptom management;
- Behavioral and physical health monitoring and support;
- Addiction treatment support;
- Family engagement;
- Peer support and recovery coaching.

How does a person access ACCS services?

In order to receive ACCS, you must apply and be approved for DMH services. Then, you must meet the following criteria:

- Be 18 years or older;
- Meet the clinical criteria. The person must have an assessed need for intensive rehabilitative interventions to develop/restore community living skills.
- Demonstrate need for intensive clinical services to safely and successfully engage in community living. Examples of demonstrating that need include high rate of psychiatric inpatient admission, poor self-care, and loss of housing.

What is DMH's relationship to its ACCS providers?

DMH selects ACCS providers; and contracts with them to deliver services.

Does DMH monitor the delivery of ACCS services?

Yes, DMH conducts ongoing oversight of ACCS in two ways.

- DMH licenses ACCS residential facilities; and
- DMH staff monitor the delivery of ACCS services by providers.

Who at DMH monitors ACCS contracts?

Each DMH Site Office monitors the delivery system and contracts of the ACCS providers in its service area.

What is DMH's own role with respect to an ACCS client?

- DMH monitors client engagement, participation and progress toward symptom management.
- DMH authorizes levels of services for the client.
- DMH provides DMH case management.
- DMH assists clients in accessing other services like clubhouses and employment resources.

How is ACCS funded?

ACCS is funded by DMH.

ACCS clients also contribute to the costs associated with their ACCS services. DMH regulation 104 CMR 30.00 et seq. controls the rate that a client pays.

ACCS clients who receive housing services will typically pay a portion of their income to cover the costs of room **or** room and board, as applicable.

The DMH regulation also provides an appeal process for clients who want to challenge the assessed costs.

What other services does DMH offer adults apart from ACCS?

In addition to ACCS, DMH offers a range of other services to its adult clients. Other DMH community-based services for adults include:

- Program of Assertive Community Treatment (PACT);
- Clubhouses;
- DMH Case Management Services;
- Respite Care;
- Recovery Learning Communities;
- Homeless Support Services.

Some of these services may be appropriate for clients who also receive ACCS.

With respect to DMH case management services specifically, clients with ACCS will only have a DMH case manager if DMH determines that DMH case management is clinically necessary.

If a client with ACCS does not have a DMH case manager, the BH CP (or One Care or Senior Care) provider should offer the services and supports that a DMH case manager would have supplied.

If a client is unhappy with ACCS services, what can the client do?

- Clients are first encouraged to try to resolve issues with their service provider and/or Case Manager.
- Clients also can speak with DMH's ACCS Ombudsperson at (617) 626-8035 or accsombudsperson@massmail.state.
- Clients can also contact the DMH Area Human Rights Coordinator specific to the client's DMH area office. To determine the appropriate DMH area office, visit <https://www.mass.gov/guides/find-which-dmh-office-covers-your-city-or-town>.
- If a condition is dangerous, illegal or inhumane, the client can file a complaint using the DMH complaint process. The DMH complaint form is available at <http://www.mass.gov/eohhs/docs/dmh/forms/form-complaint.pdf>. The complaint can be sent directly to the ACCS program director, or given to staff (and the staff should forward it to the director). **Keep a copy of the complaint.** The program director is responsible for investigating the complaint. The director also must inform DMH of the complaint and DMH will log it. DMH will receive the results of the program director's fact-finding. The program director should provide the

client with the complaint decision as well as information about appeal rights. The complaint may also meet criteria to be directly investigated by DMH. More information about the DMH complaint process is available in MHLAC's flyer on the process at http://www.mhlac.org/Docs/dmh_complaint_process.pdf.

- Clients may also request a meeting with ACCS staff to review the client's Community Service Plan, which describes ACCS services. A review can be used to evaluate: progress and current status in meeting the service plan's proposed goals; **or** whether the services, goals, objectives, and interventions continue to be consistent with needs. Submit this request in writing to ACCS staff. The staff should forward it to the appropriate person who should set up a meeting to review the service plan.