

RIGHTS REGARDING COMMUNITY BASED FLEXIBLE SUPPORT SERVICES FUNDED BY THE MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH

**Prepared by the Mental Health Legal Advisors Committee
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What are Community Based Flexible Supports?

Community Based Flexible Supports (CBFS) are services available to Massachusetts Department of Mental Health (DMH) adult clients.¹ As their name suggests, CBFS services are community based services. The services should be flexible to adjust to the needs of the individual client. Clients with CBFS services may receive residential services.

CBFS services are delivered by a provider agency (“provider”) that has contracted with DMH.

What types of services are offered by CBFS providers?

CBFS services include, but are not limited to, interventions and supports that:

- allow for the self management of psychiatric symptoms in the community;
- restore or maintain independent living in the community;
- restore or maintain daily living skills;
- promote wellness and the management of medical conditions; and
- assist clients to restore or maintain and utilize the skills necessary to undertake employment.

What are some examples of specific services that a client might receive from a CBFS provider?

A CBFS provider might provide services such as:

- individual therapy;
- substance abuse counseling;
- help paying bills, managing money, and/or gaining financial independence;
- assistance in activities of daily living;
- help running a household such as by purchasing food;
- transportation and/or help accessing transportation (including public transportation);²

² See CBFS Standard contract, §§ 3.5.2, 5.6.4.

- help accessing community-based services such as vocational training and education;
- help addressing complex issues such as insurance or legal matters; and
- if the Social Security Administration decides that a client is in need of a representative payee, the CBFS provider may become the client's representative payee at no cost to the client.³

This list is not exhaustive. Again, CBFS services should be individualized to the client's needs and may well change over time.

Are there services that CBFS providers must offer?

Although CBFS services should be individualized to a client's needs, DMH does require CBFS providers to offer certain specific services. DMH requires that providers:

- offer individualized placement in supported employment;
- employ a peer workforce;
- comply with certain treatment planning requirements;
- offer respite;
- provide all services under one roof; and
- offer rehabilitation services.

Which providers offer CBFS services?

Different providers deliver these services in different geographic regions of the state. A list of providers of CBFS services, by geographic area, is available at

<http://www.masslegalservices.org/node/31427>.

What is DMH's relationship to CBFS services?

DMH funds CBFS services. DMH also selects and contracts with providers to deliver the services.

DMH conducts ongoing oversight of CBFS services in two ways:

- the DMH licensing division licenses physical CBFS residential facilities; and
- DMH staff (responsible for contract monitoring) oversee the actual services that CBFS providers offer.

³ For more information regarding client rights regarding representative payees, see MHLAC's flyer, Rights Regarding Representative Payees in Massachusetts, at http://www.mhlac.org/Docs/Representative_payees.pdf.

Who at DMH does the contract monitoring?

There are a number of types of DMH staff involved in contract monitoring.

- The DMH Site Directors and their offices are responsible for the day-to-day operation of the CBFS providers.
- The DMH Area offices are responsible for the contracts with the providers in their respective areas.
- DMH Central Office staff persons oversee the entire CBFS service delivery system.
- DMH also employs peer workforce staff and will subcontract with consumers to do pieces of this monitoring.

What is DMH looking for in its monitoring?

DMH will be monitoring outcomes for CBFS clients. The kinds of outcomes DMH will look for include:

- employment;
- stable housing;
- length of time living in the community; and
- community participation.

What other services does DMH offer adults apart from CBFS services?

In addition to CBFS, 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; and
- Homeless Support Services.

Some of these services may be appropriate for clients who have CBFS services.

With respect to DMH case management services specifically, clients with CBFS services will only have a DMH case manager if DMH determines that DMH case management is clinically necessary. If a client with CBFS does not have a DMH case manager, the CBFS provider should offer those needed services and supports that a DMH case manager would have supplied.

Where are the CBFS services that a client will receive written down?

CBFS services for DMH clients are written down on an Individualized Action Plan (IAP). The IAP is a comprehensive plan for all DMH services received by a client and, if feasible, also includes non-DMH services and supports.

How is an IAP written?

A staff person of the CBFS provider oversees the writing and reviewing of the IAP. The IAP should be written by the client, the client's representative(s), and all staff that work with the client. Such staff people might include direct care staff, peer workers, clinicians, and/or an employment specialist.

The client's central role in writing the IAP reflects DMH's adoption of Person-Centered Planning.

What is Person-Centered Planning?

According to DMH, Person-Centered Planning (PCP) is:

- a collaboration between the client and providers and natural supporters;
- that fosters a recovery orientation in care planning; and
- results in an IAP that the client likes and which addresses the client's needs and preferences and promotes recovery.

For more information on Person-Centered Planning, see the links on DMH's CBFS web page. From DMH's main web page, www.mass.gov/dmh, click on **Community Based Flexible Supports** under **Initiatives** on the left side of the page.

Where can I get more information about IAPs?

You can read more about the IAP process in MHLAC's flyer at

http://www.mhlac.org/Docs/dmh_7_service_planning.pdf.

Where can one learn more about what services a CBFS provider should provide?

DMH has established standards for its CBFS providers, available at

<http://www.mass.gov/eohhs/docs/dmh/community-based/cbfs-alert-2.doc>.

DMH maintains a web page with documents related to CBFS. From DMH's main web page, www.mass.gov/dmh, click on **Community Based Flexible Supports** under **Initiatives** on the left side of the page.

How are CBFS services funded?

CBFS services are funded in part by DMH.

CBFS clients also contribute to the costs associated with these services. The rate that a client pays is controlled by DMH regulation, 104 CMR 30.00 et seq., available at

<http://www.mass.gov/eohhs/docs/dmh/regs/reg-104cmr30.pdf>.

CBFS clients will typically pay a portion of their income to cover the costs of room OR room and board. The regulation also provides an appeal process for clients who want to challenge the assessed costs. For additional information, contact the Mental Health Legal Advisors Committee.

If a client is unhappy with his or her CBFS services, who should the client talk to at the CBFS provider agency?

At the CBFS provider, the client can talk to:

- A Case manager, Caseworker, Therapist, or favorite staff person;
- The Human Rights Officer for the CBFS program;
- The Director of CBFS services;
- The Director of Residential Services or Director of Clinical/Psychiatric Services.

If the client is unhappy with his or her CBFS services, who can the client talk to at DMH?

At DMH, the client can talk to:

- The DMH Area Human Rights Coordinator for the DMH area (contacted through the DMH Area Offices)
- The DMH Area Directors of Community Services, the person who oversees the CBFS contract and ensures that the vendors are providing quality services.

You can find the area director of your area at

<http://www.mass.gov/eohhs/provider/guidelines-resources/clinical-treatment/mental-health/dmh-offices/departments-of-mental-health-area-offices.html>

In addition to talking to the above people, what else can a client do?

File a complaint:

If the condition the client is experiencing is dangerous, illegal or inhumane, the client can file a complaint using the DMH complaint process. The client may use the DMH complaint form available at

<http://www.mass.gov/eohhs/docs/dmh/forms/form-complaint.pdf>.

The complaint can be sent directly to the director of the CBFS program, or given to staff of the CBFS provider, and the staff should forward it to director of the CBFS program. Keep a copy for yourself.

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.

Request a review of the client's Individualized Action Plan (IAP):

The client can request that his or her Individualized Action Plan (IAP), which describes the client's CBFS services, be reviewed. One can request such a review to evaluate:

- progress and current status in meeting the IAP's proposed goals; or
- whether the services, goals, objectives, and interventions continue to be consistent with the client's needs.

Put this request in writing and give it to staff of the CBFS provider. The staff should forward it to the appropriate person who should set up a meeting to review the IAP.