


## DMH POLICY

<b>Title: Area of Responsibility</b>	<b>Policy #: 22-01</b> <b>Date Issued: January 31, 2022</b> <b>Effective Date: February 28, 2022</b>
<b>Approval by Commissioner:</b>  <b>Signature: Brooke Doyle, M.Ed., LMHC    Last Review:</b>	

### I. PURPOSE

The Department of Mental Health (DMH) is committed to the right of each DMH Client to choose where they live, work and socialize. Nothing in this policy is intended to interfere with those choices or create unnecessary barriers to where continuing care community services are provided throughout the state. The purpose is to assign administrative responsibility to the appropriate DMH Area, and to enhance continuity of services through collaboration between DMH Areas when a DMH Client moves from one Area to another.

This Policy repeals and replaces Policy # 99-1.

### II. SCOPE

This policy establishes the Area of Responsibility for each DMH Client. It includes procedures to be followed when a DMH Client moves to a new DMH Area or when a DMH Client who resides in one DMH Area requests or is referred for services in another Area. The scope of this policy does not address Facility-to-Facility transfers (M.G.L. c. 123 § 3).

### III. DEFINITIONS

**Area of Responsibility (AOR):** The DMH Area that has administrative responsibility for arranging and providing services to DMH Clients living within their DMH geographic boundaries and for determining authorization for DMH continuing care services in accordance with applicable laws, regulations and policies.

**Change in AOR Request Packet:** The referral form and other supporting documents approved by the Deputy Commissioner for Mental Health Services and Deputy Commissioner for Child, Youth and Families.

**Client:** An individual who has been authorized for and receives DMH continuing care services.

**DMH Area:** The geographic subdivision within the state that is responsible for providing access to comprehensive community mental health services for DMH authorized individuals.

**Facility:** Any DMH-operated or contracted inpatient unit or hospital, including DMH operated units in Department of Public Health facilities and DMH adolescent continuing care inpatient units.

**Legally Authorized Representative (LAR):** A guardian or other fiduciary including a health care agent acting pursuant to a properly invoked healthcare proxy, or, in the case of a minor, the parent(s) or other individual or entity with legal custody of the minor. The authority of the LAR is limited to the scope of such LAR's appointment or designation.

**Notice of Change in AOR:** The formal notification of a change in a Client's AOR.

**Parent/Guardian:** For purposes of this Policy, this means the parent(s) or guardian with legal custody of the minor.

#### **IV. POLICY**

##### **A. Determination of Area of Responsibility (AOR)**

Whenever possible an individual's preference should be accommodated with respect to where they choose to live, work, and socialize. In general, the AOR of DMH Clients is the DMH Area in which they reside. The AOR for a minor is the DMH Area in which the minor's Parent/Guardian, having custody of the minor, resides. In addition, the AOR for a minor in the care or custody of the Department of Children and Families (DCF) or Department of Youth Services (DYS), shall be the DMH Area that is the same as the responsible DCF/DYS Area, in order to facilitate coordinated planning.

Residence is not determined or changed by an acute care or continuing care hospitalization, forensic commitment, specialized placement such as a short term rehabilitative setting or private residential school, admission to a substance use

facility, homeless shelter, jail, prison, foster care placement, or other facility or programs as determined by the Commissioner, or designee.

Nor is the Client's AOR automatically determined by where services are provided. Examples include when an Area arranges for services for a Client in a specialized program in another Area, or when a Client receives temporary, short-term services in another Area. In most cases the AOR remains unchanged for case management and other agreed upon supports. Client preference will always be considered in making these determinations.

If an individual's residence cannot be established (i.e., they have no known residence), the AOR shall be the AOR to which the individual applies for DMH continuing care services. Client preference should always be prioritized when determining the AOR.

## **B. AOR Changes**

A change in the Client's AOR may occur under the following circumstances:

### *1. Change in residence*

If a Client moves from one Area to another the sending Area shall submit the Notice of Change in AOR and Change in AOR Request Packet to the receiving Area *within* five (5) business days of learning about the Client's move. The Area Directors or designees from both sending and receiving Areas will convene a planning meeting to ensure seamless transition.

The receiving Area shall consider and accommodate, to the extent possible, the Client's request to maintain existing therapeutic relationships. The sending Area shall notify the receiving Area of any critical need or risk concerns that requires immediate contact and intervention. The receiving Area shall sign and return the Notice of Change in AOR form to the sending Area *within* twenty (20) business days of receiving it. During this period of transition, the sending Area shall remain responsible for provision of services in accordance with the Client's Individual Service Plan (ISP), if any, and Community Service Plan. The response shall indicate which services will be the responsibility of the receiving Area. The receiving Area shall notify all appropriate parties (e.g., site office). The receiving Area shall be responsible for provision of services in accordance with the Client's Individual Service Plan (ISP), if any, and Community Service Plan until such time as the plans are amended as appropriate.

2. *Request for services in another Area*

If a Client or the Client's LAR requests community services in another DMH Area the existing AOR will remain in place until the request is processed in accordance with the requirements of 104 CMR 29.00. The AOR must communicate the request to the receiving Area and, as soon as practical, prepare and forward a Change in AOR Request Packet, including a copy of the Client's Individual Service Plan (ISP), if any, Community Service Plan and other pertinent clinical and recovery documents supporting the request. The receiving Area Director, or designee, will review the Change in AOR Request Packet and make a decision within twenty (20) business days based on an assessment of the Client's priority of need for services and the availability of resources to meet the need. If the receiving Area approves the request, the AOR becomes the Area in which the new program is located in most cases.

The receiving Area shall sign and return the form to the sending Area *within* twenty (20) business days of receiving it. The response shall indicate which services will be the responsibility of the receiving Area. The receiving Area shall also notify all appropriate parties (e.g., site office).

As early as possible and throughout the referral process, the respective Site Directors or designees and, CYF Directors or designees as applicable, must communicate effectively to plan for seamless transition if it is to take place. The transition plan should be developed in consultation with the Client and LAR, if any, DMH case manager, if any, and provider staff from the sending and receiving sites.

Note: If the request for community services in another Area is made by a minor or the minor's Parent/Guardian, and the receiving Area approves, there is no change in AOR, but the sending Area must modify the minor's ISP, if any, and ensure that the new program develops a Community Service Plan in accordance with DMH regulations.

3. *Placement of adult Client Resulting in a Change of Residence*

A DMH adult Client may be referred for residential services in another Area based upon the unique needs of the Client. In these cases, the sending Area shall send the receiving Area the Notice of Change in AOR form as soon as the potential placement is identified. This notification shall occur before the Client moves, to the extent possible, but in no case later than five (5) business days after the placement has occurred. The receiving Area shall sign and

return the form to the sending Area *within* twenty (20) business days of receiving it.

If a DMH Client moves or is referred to reside in a skilled nursing facility, nursing home or rest home in another DMH Area, the sending Area shall remain responsible until the transition is completed. The sending Area shall send the receiving Area the Notice of Change in AOR form as soon as the placement is confirmed. This notification shall occur before the Client moves, to the extent possible, but in no case later than five (5) business days after the placement has occurred. The receiving Area shall sign and return the form to the sending Area *within* twenty (20) business days of receiving it. The two Areas shall ensure that the transition to the new AOR is completed no later than six months from the date the placement occurred. After six months, the Client's AOR shall be the Area in which the facility, nursing home or rest home is located.

The sending and receiving Areas shall coordinate a plan for maintaining the Client in services. Exceptions to this may be made by the two Areas involved to accommodate for Client's preference or clinical considerations.

4. *When a change in AOR is approved the receiving Area Director or designee shall:*
  - i. arrange for a responsible person to review and modify the client's ISP, if any, and arrange for appropriate service(s);
  - ii. designate a responsible person to ensure that all transition activities, including assessment, treatment planning and engagement activities occur;
  - iii. authorize, as needed, the provision of temporary critical need case management services to facilitate the transition;
  - iv. develop a transition plan in consultation with the Client and LAR, if any, DMH case manager, if any, and provider staff from the sending and receiving sites.
5. Whenever a Client's AOR changes, and the client is under guardianship or other treatment order the Legal Office serving the sending Area shall be notified so that the case can be transferred to another DMH Legal Office, if appropriate.

**C. Responsibilities of Areas When AOR Does Not Change**

For Clients receiving services in an Area other than their AOR, the Area in which the service or program is located is responsible for incident reporting (as per Commissioner's Critical Incident Reporting Directive), initiating search or notification procedures in connection with an unauthorized absence (as per DMH

Policy AWA Policy) , and arranging for emergency assessment or emergency services, if necessary. The Area where the program or service is located shall designate staff who are responsible for communicating with designated AOR staff any problems encountered or critical incidents concerning the Client.

**D. Area Collaboration Resolution**

1. *Responsibility for DMH Client:* When there is a disagreement between Areas, the Client's AOR, if any, prior to the dispute shall maintain responsibility for the Client until the dispute is resolved.
2. *Area Level Resolution:* Area Directors involved in a dispute regarding a Client's AOR shall have two business days following the response to the notice of change in AOR to achieve resolution The response to the notice of change in AOR must be provided within twenty (20) business days of its receipt
3. *Deputy Commissioner Level Resolution:* Disputes regarding a Client's AOR between two Areas that remain unresolved after two (2) business days shall be forwarded to the Deputy Commissioner for Mental Health Services for final resolution. The Deputy Commissioner's decision shall be rendered within three (3) business days.

**V. RESPONSIBILITY**

The provision, arrangement and coordination of services to DMH Clients in compliance with this policy is the responsibility of each Area Director under the overall supervision of the Deputy Commissioner for Mental Health Services.

**VI. REVIEW**

This policy and its implementation shall be reviewed annually.

**VII. REFERENCED DOCUMENTS**

- A. Notice of Change in AOR Form
- B. Change in AOR Request Packet