

Commonwealth of Massachusetts
Department of Mental Health

Interpretive Guidelines
for
104 CMR 29.00
Determining Service Authorization
for
Children, Adolescents and Adults

December, 2009
(Revised: December 1st, 2011)

NON-TEXT PAGE

TABLE OF CONTENTS

| | |
|---|-----------|
| REASON FOR ISSUING INTERPRETIVE GUIDELINES | 5 |
| SCOPE AND PURPOSE..... | 5 |
| DEFINITIONS | 6 |
| SERVICE AUTHORIZATION DETERMINATION: GENERAL INFORMATION..... | 7 |
| THE APPLICATION PROCESS..... | 8 |
| WHO MAY APPLY?..... | 8 |
| WHERE CAN AN APPLICATION BE SUBMITTED? | 8 |
| WHEN IS AN APPLICATION COMPLETE? | 9 |
| WHEN WILL A DECISION BE MADE? | 10 |
| WHEN IS AN APPLICATION CONSIDERED WITHDRAWN? | 10 |
| WHEN ARE SHORT-TERM SERVICES INDICATED?..... | 11 |
| SERVICE AUTHORIZATION DETERMINATION CRITERIA | 11 |
| WHAT ARE THE CLINICAL CRITERIA FOR ADULTS, CHILDREN AND ADOLESCENTS? | 11 |
| <i>Criteria for Adults</i> | 11 |
| <i>Criteria for Transitional Age Applicants</i> | 14 |
| <i>Criteria for Children and Adolescents</i> | 15 |
| WHAT HAPPENS IF THE APPLICANT DOES NOT MEET THE CLINICAL CRITERIA?..... | 17 |
| HOW IS IT DETERMINED WHETHER OR NOT THERE IS A NEED FOR AT LEAST ONE DMH SERVICE? | 17 |
| WHAT HAPPENS IF THE APPLICANT <u>DOES NOT</u> NEED SERVICES? | 18 |
| WHAT HAPPENS IF THE APPLICANT <u>DOES</u> NEED SERVICES AND THE NEEDED SERVICES ARE AVAILABLE. 18 | |
| WHAT HAPPENS IF THE NEEDED DMH SERVICE IS NOT AVAILABLE?..... | 18 |
| HOW LONG DOES THE FINDING OF MEETING THE CLINICAL CRITERIA LAST?..... | 19 |
| APPENDIX | 20 |
| PROCESS FLOWCHARTS | 21 |
| NOTIFICATION OF RIGHTS, | 22 |
| DIRECTORY OF AREA AND SITE OFFICES | 23 |
| DEPARTMENT OF MENTAL HEALTH APPEAL GUIDELINES..... | 29 |

NON-TEXT PAGE

REASON FOR ISSUING INTERPRETIVE GUIDELINES

The primary mission of the Department of Mental Health (DMH), as established by Chapter 19 of the Massachusetts General Laws, is: "to provide services to citizens with long-term or serious mental illness" and to direct its services and supports to adults with long-term or serious mental illness and to children and adolescents with serious emotional disturbance. Since the availability of DMH services is limited, DMH must prioritize to whom and how those services are provided. DMH regulations at 104 CMR 29.00 establish the criteria to be used to determine "DMH client" status under the statutory mandate--that is, who is approved to receive DMH services – and how those services are assigned.

SCOPE AND PURPOSE

(1) Scope

- a) This document provides interpretive guidelines for Commonwealth of Massachusetts Regulations (CMR) 104 CMR 29.00: "Application for DMH Services; Clinical Criteria and Determination of Need."
- b) These guidelines pertain to individuals who apply for DMH services.
- c) No individual will be approved for DMH services, including case management, unless an individual meets clinical criteria, needs such services, and DMH has available capacity.

(2) Purpose

- a) The purpose of this document is to set forth guidelines that will be used to determine service authorization for DMH services.
- b) DMH intends to apply these guidelines in a manner that recognizes each individual's strengths and special needs and the unique contribution of his or her cultural and linguistic heritage.
- c) DMH retains the authority to make exceptions to service determination criteria in circumstances when in DMH's sole discretion, it is in the best interest of the individual for DMH to do so.

Process: The steps required to implement these regulations may be found on the flow chart in the Appendix.

DEFINITIONS

Adult: means any person who has attained the age of 18.

Area Medical Director: means the senior psychiatrist with clinical oversight of Department activities in the community where the individual or, in the case of a minor, where his or her legally authorized representative, resides.

Child and Adolescent Needs and Strengths (CANS): The approved instrument used at the time of application for DMH services, and at other intervals as determined by DMH, to assist in assessing a child or adolescent's level of functioning.

Community Service Agency (CSA): A community agency selected by MassHealth's managed care providers to provide Intensive Care Coordination and Family Support and Training in accord with the Rosie D court order. There are 29 geographically based CSA's, one for each Department of Children and Families (DCF) site, and 3 CSA's with designated linguistic and cultural expertise.

DMH Client: means an individual whose application for DMH services has been approved and who is enrolled in a DMH service.

DMH Community Services: means community-based services contracted for or operated by the Department, but which do not include: short term services provided pursuant to 104 CMR 29.04(1)(g), outpatient clinic services, court evaluations, or acute mental health services, such as crisis intervention or emergency screening.

DMH Services: means DMH Community Services and/or Case Management.

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV): A publication of the American Psychiatric Association that lists and defines currently acceptable diagnoses of psychiatric illnesses.

Legally Authorized Representative (LAR): A guardian or other fiduciary granted applicable authority by a court of competent jurisdiction, or, in the case of a minor, the parent(s) or other individual or entity with legal custody of the minor.

Minor: A person under the age of 18.

Sufficient Information: The amount of clinical information that supports an application for DMH services that enables DMH to establish the diagnosis(es), duration of the diagnosed disorder, the functional impairment resulting from the diagnosed disorder, and the need for DMH services.

Tennessee Adult Functional Assessment Tool: The approved instrument used at the time of application for DMH services to summarize the current assessment of an adult's level of functioning.

SERVICE AUTHORIZATION DETERMINATION: GENERAL INFORMATION

- 1) Determination for DMH services is based on an assessment of:
 - a) whether the individual meets the clinical criteria for DMH services;
 - b) whether the individual requires DMH services;
 - c) whether current medical entitlements and/or insurance are available or sufficient to provide for needed services;
 - d) whether other appropriate services from public or private entities are available;
 - e) whether DMH has available capacity in its services.

- 2) Unless otherwise specified, all computation of days within 104 CMR 29.00 shall be in accordance with the following:
 - a) when the time period is less than seven days, Saturdays, Sundays, and legal holidays are not counted;
 - b) when the time period is seven days or longer, the time is counted in calendar days, except when the last day is a Saturday, Sunday, or legal holiday, in which case the final day counted is the next business day;
 - c) the day on which action or event is initiated is not counted.

- 3) An individual denied DMH services may reapply if his or her clinical condition or access to insurance or medical entitlements has changed.

THE APPLICATION PROCESS

Who May Apply?

- 1) An applicant of any age may apply for DMH services. An applicant or the applicant's LAR must sign an application.
- 2) A program or facility may sign and submit an application on behalf of an adult only under one of the following circumstances:
 - a) The program or facility notifies the applicant that an application is being submitted on his or her behalf, and the applicant *does not object*. In these circumstances, a mental health professional working for the program or facility must document *on the application*:
 - the date the applicant was notified about submission of the application; and
 - the applicant's response.
 - b) The program or facility believes that the applicant is *incapacitated* and has *filed a petition for guardianship* of person with the court. In these circumstances, the program or facility must attach a copy of the petition *to the application*.
- 3) A program or facility can only submit an application on behalf of a minor if the minor's LAR does not object and the LAR signs the application form.
- 4) A Health Care Agent may apply for services on behalf of an individual if it has been determined **in writing**, pursuant to M.G.L. c. 201D § 6, that the individual lacks the capacity to make health care decisions. Note that if the individual lacks capacity due to a mental illness, the physician who makes the determination regarding capacity must have, or consult with a health care professional who has, experience in diagnosing or treating mental illness.

Where Can an Application be Submitted?

- An application for DMH services must be delivered, mailed or faxed to the DMH Area or Site Office with responsibility for the community

where the applicant, or LAR in the case of a minor, resides at the time of application.

- Application materials are available online at www.Mass.gov/DMH or at each DMH Area and Site Office.
- A directory of the addresses and telephone numbers of all DMH Area and Site Offices may be found in the **Appendix** and is also available on the DMH website, www.Mass.gov/DMH.
- Applications are available in English and Spanish. DMH can provide translators for other languages if necessary and provide other assistance as needed.

When is an Application Complete?

- 1) An application will be considered complete when, in the opinion of DMH, there is sufficient information included to evaluate the application.
- 2) Within seven (7) days of receipt of an application, DMH will contact the applicant or LAR by telephone to acknowledge DMH's receipt of the application.
- 3) **Adult Application:** A DMH Clinical Service Authorization Specialist may request, as necessary, a face-to-face meeting with the applicant and/or LAR to further discuss and assess the needs of the applicant. In most instances, a face-to-face meeting will occur at a DMH office. In other instances, a face-to-face meeting may occur at another agreed upon location.
- 4) **Child/Adolescent Application:** A DMH Clinical Service Authorization Specialist may conduct a face-to-face meeting with the parent or legal guardian to further discuss and assess the needs of the child or adolescent and family. DMH requires an interview(s) to administer the CANS. If the necessary assessment has been completed by a Community Service Agency, then the Clinical Service Authorization Specialist is not required to conduct a face-to-face meeting.

When Will a Decision be Made?

- 1) The DMH Area Director or designee will make decisions regarding service authorization determination according to the following timelines:
 - a) When an adult applicant who receives Medicaid benefits through the Massachusetts Behavioral Health Partnership (or successor managed care organization under contract to MassHealth) is hospitalized at the time application is made, a service authorization determination will be rendered by DMH within five (5) days after receiving sufficient information;
 - b) When a child or adolescent applicant who receives benefits from MassHealth is hospitalized at the time application is made, a service authorization determination will be rendered by DMH within five (5) days after receiving sufficient information;
 - c) For all other applicants, DMH will determine whether the applicant meets clinical criteria within 20 days of receipt of the completed application. If DMH determines that an applicant meets clinical criteria for DMH services, then DMH will determine within 20 days from the clinical determination whether the applicant needs DMH services.
- 2) All decisions must be made within 90 days after DMH receives the application. The Area Director or designee may extend this time period for good cause.

When is an Application Considered Withdrawn?

An application is considered withdrawn if:

- 1) An applicant informs DMH that he or she is withdrawing an application before a determination is made; or
- 2) An applicant does not respond to DMH communications/contact regarding the application despite reasonable efforts by DMH to reach out to the applicant/LAR for a period of 30 days after a response was expected.

When are Short-term Services Indicated?

- 1) Short-term services, which may include DMH case management or other DMH-operated or contracted services, may be provided to individuals who have applied for DMH services while their applications are being processed. The decision to provide the short-term services is made by the Area Director or designee, and is based on an assessment of the needs and circumstances of the applicant. Short-term services may be provided for up to 60 days. Provision of these short-term services does not indicate that the application will be approved, nor is there an assurance that these services will continue if the application is approved.
- 2) If an adult applicant for DMH services is a **parent of minor children**, within **5 business days** of the receipt of an application, the applicable DMH **Area** will contact the applicant/LAR in person or by phone to determine if there is an open case at DCF involving the applicant and children. If there is an open case, DMH will immediately offer short-term services to the applicant.

Service Authorization Determination CRITERIA

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).

What are the Clinical Criteria for Adults, Children and Adolescents?

In order to meet clinical criteria for *DMH services* (see *definition p. 6*), the applicant must have a qualifying mental disorder as the primary disorder requiring treatment, and meet functional impairment and illness duration criteria.

- 1) **Clinical Criteria for Adults**
 - a) An adult applicant 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. Serious and long term mental illness is a 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. Qualifying mental disorders are those specified below.

- b) Qualifying Mental Disorder: DMH uses diagnostic criteria as defined in the DSM-IV. The qualifying disorders are listed under the following categories or diagnoses:
- (i) **Schizophrenia and other Psychotic Disorders** (excluding psychotic disorders due to a general medical condition and substance-induced psychotic disorders);
 - (ii) **Mood Disorders** (excluding Dysthymia and mood disorders due to a general medical condition);
 - (iii) **Anxiety Disorders** (excluding anxiety disorders due to a general medical condition and substance induced anxiety disorders);
 - (iv) **Dissociative Disorders**;
 - (v) **Eating Disorders**;
 - (vi) **Borderline Personality Disorder**.
- c) An applicant diagnosed with one or more of the following disorders must also have a qualifying mental, behavioral or emotional disorder, as specified above, in order to meet the clinical criteria for DMH services:
- (i) Under the category of **Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence**: Mental Retardation, Learning Disorders, Motor Skills Disorders, Communication Disorders, Pervasive Developmental Disorders, Feeding and Eating Disorders of Infancy or Early Childhood, Tic Disorders, Elimination Disorders, Other Disorders of Infancy, Childhood or Adolescence;

(Please note that individuals deemed eligible to receive services through the Department of Developmental Services are categorically excluded from consideration of DMH services.)
 - (ii) All conditions listed under the category of **Delirium, Dementia and Amnesic and other Cognitive Disorders, including Alzheimer's disease**;

- (iii) All conditions listed under the category of **Mental Disorders Due to a General Medical Condition Not Elsewhere Classified** (e.g., traumatic brain injury);
- (iv) A primary diagnosis of all conditions listed under the category of **Substance-Related Disorders**.
- d) Co-Occurring Disorders: An individual with a substance abuse problem (use, abuse, disorder) may be authorized for DMH services if he or she is determined to have a qualifying mental disorder, meets impairment and duration criteria, requires DMH services and has no other means for obtaining them, and DMH has available capacity to provide the services. To meet functional impairment criteria, the impairment does not have to be solely attributed to an individual's qualifying mental disorder.
- e) Functional Impairment: 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.

Functional impairments of episodic, recurrent, or continuous duration are included unless they are temporary and expected responses to stressful events in the environment. Operationally, functional impairment related to a qualifying behavioral, emotional or mental disorder will be evaluated using standards outlined in the **Tennessee Adult Functional Assessment Tool**.

- f) Area Medical Director Review: The DMH Area Medical Director, or a designated psychiatrist, will routinely review applications for DMH services and redeterminations for:
 - (i) Adults over the age of sixty-five;
 - (ii) Adults with complex medical needs or requirements for special medical care;

(iii) Adults with complex clinical presentation(s).

2) **Clinical Criteria for Transitional Age Applicants**

The guidelines below pertain to applicants who are between the ages of 16 and 19 *at the time of application*. Please note that although an individual is legally considered an adult at age 18, DMH child/adolescent services may be provided until an individual reaches the age of 19.

Age 16: a Child/Adolescent Application is completed;

Age 17: a Child/Adolescent Application is completed;

Between Age 18 & Age 18 $\frac{3}{4}$: Transitional Age Population

- a) an Adult Application is completed; if the applicant meets adult clinical criteria, his or her application may be approved for either adult or child/adolescent services. The Area Director or designee will consider the applicant's developmental status in determining service need.
- b) an Adult Application is completed; if the applicant does *not* meet adult clinical criteria, then the application is forwarded for a child/adolescent determination, including completion of the CANS (see below). If the applicant meets child/adolescent clinical criteria, his or her application may be approved for either adult or child/adolescent services until the applicant turns 19. The Area Director or designee will consider the applicant's developmental status in determining service need.

Between Age 18 $\frac{3}{4}$ & Age 19:

- a) an Adult Application is completed; if the applicant meets adult clinical criteria, his or her application may be approved for either adult or child/adolescent services. The Area Director or designee will consider the applicant's developmental status in determining service need.
- b) an Adult Application is completed; if the applicant does *not* meet adult clinical criteria, then the application is NOT forwarded for a child/adolescent determination and the application is denied.

3) Clinical Criteria for Children and Adolescents

- a) A child or adolescent applicant must be *18 ¾ years of age or younger* at the time of application and have a qualifying mental, behavioral or emotional disorder that substantially interferes with or limits his or her role or functioning in family, school, or community activities. Qualifying mental disorders are those specified below.

- b) Qualifying Mental Disorder: DMH uses diagnostic criteria as defined in the DSM-IV. The qualifying diagnoses are listed under the following categories or diagnoses:
 - (i) **Schizophrenia and other Psychotic Disorders** (excluding psychotic disorders due to a general medical condition and substance-induced psychotic disorders);

 - (ii) **Mood Disorders** (excluding Dysthymia and mood disorders due to a general medical condition);

 - (iii) **Anxiety Disorders** (excluding anxiety disorders due to a general medical condition and substance induced anxiety disorders);

 - (iv) **Dissociative Disorders**;

 - (v) **Eating Disorders**;

 - (vi) **Borderline Personality Disorder**;

 - (vii) **Attention-Deficit/Hyperactivity Disorder**.

- c) An applicant diagnosed with one or more of the following disorders must also have a qualifying mental, behavioral or emotional disorder, as specified above, in order to meet the clinical criteria for DMH services:
 - (i) Under the category of **Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence**: Mental Retardation, Learning Disorders, Motor Skills Disorders, Communication Disorders, Pervasive Developmental Disorders, Feeding and Eating Disorders of Infancy or Early

Childhood, Tic Disorders, Elimination Disorders, Other Disorders of Infancy, Childhood or Adolescence;

- (ii) All conditions listed under the category of **Delirium, Dementia and Amnesic and other Cognitive Disorders**;
- (iii) All conditions listed under the category of **Mental Disorders Due to a General Medical Condition Not Elsewhere Classified** (e.g., traumatic brain injury);
- (iv) A primary diagnosis of all conditions listed under the category of **Substance-Related Disorders**:

Co-Occurring Disorders: An individual with a substance abuse problem (use, abuse, disorder) is authorized for DMH services if he or she is determined to have a qualifying mental disorder, meets impairment and duration criteria, requires DMH services and has no other means for obtaining them, and DMH has available capacity to provide the services. To meet functional impairment criteria, the impairment does not have to be attributed solely to an individual's qualifying mental disorder;

- (v) Under the category of **Attention Deficit/Disruptive Behavior Disorders**: Conduct Disorder, Oppositional-Defiant Disorder, Disruptive Behavior Disorder NOS.

- d) Duration of Qualifying Disorder: The qualifying mental, behavioral, or emotional disorder must have lasted for, or be expected to last for, at least one year.
- e) Functional Impairment: 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.

Operationally, functional impairment related to a qualifying behavioral, emotional or mental disorder will be evaluated using standards outlined in the *Child and Adolescent Needs and Strengths* (CANS) assessment:

- i) Life Domain Functioning;
 - ii) Child Behavioral/Emotional Needs;
 - iii) Child risk Behaviors;
 - iv) Acculturation;
 - v) Transition to Adulthood;
 - vi) Child Strengths.
- f) Area Medical Director Review: The DMH Area Medical Director, in consultation with the Area's designated child psychiatrist, will routinely review applications and redeterminations, for:
- i) Children under the age of six;
 - ii) Children with complex medical needs or requirements for special medical care;
 - iii) Children with complex clinical presentation(s).

What Happens if the Applicant Does Not Meet the Clinical Criteria?

If the applicant does not meet the clinical criteria, DMH will notify the applicant/LAR, and, if appropriate, the facility or program that submitted the application on behalf of the individual, that the application has been denied. The clinical criterion or criteria that were not met will be specified, and the applicant/LAR will be notified of the right to appeal this determination.

How is it Determined Whether or Not there is a Need for at Least One DMH Service?

If it is determined that the applicant meets the clinical criteria, the Area Director or designee will then determine whether the applicant requires services and what kind of access to appropriate community services may be available to the applicant. DMH will contact the applicant/LAR to review the applicant's stated need for services and current circumstances. If this information was previously obtained through previous contact (i.e., before the applicant was found to meet clinical criteria), no additional contact is necessary at this time.

- 1) Determination of need for services: If it is determined the applicant needs DMH services, the Area Director or designee will then determine whether the need for DMH services is offset by the criteria outlined in sections (2) and (3) below.
- 2) Availability of insurance or medical entitlements: If the Area Director or designee determines that the applicant needs DMH

services, he or she will then determine whether the applicant is able to obtain those services through insurance (e.g. HMO, indemnity plan) or medical entitlement (e.g. Medicaid, Medicare).

- 3) Availability of other services: If the Area Director or designee determines that the applicant needs DMH services, he or she will then determine whether the applicant is able to obtain similar services from another entity, such as the Massachusetts Rehabilitation Commission, Department of Children and Families, the Veterans Administration, a Community Service Agency (CSA), or a local education agency, etc. This determination will be based on the range and appropriateness of services provided by the entity.

What Happens if the Applicant Does Not Need DMH Services?

If the Area Director or designee determines that the applicant does not need DMH services, that the applicant is able to obtain needed services through insurance or medical entitlement, that another entity is appropriately serving the applicant, or that other public or private services are available to meet the applicant's needs, the request for services is not approved.

The applicant/LAR and, if appropriate, the facility or program that submitted the application on behalf of the individual, will be notified of this determination, and of the applicant's/LAR's right to appeal this determination.

What Happens if the Applicant Does Need DMH Services and the Needed Services are Available?

The Area Director or designee will notify the applicant/LAR that the applicant is approved for DMH service(s) and is authorized to receive such services. The notice will identify which DMH services are needed and have available capacity, and will provide contact information for the applicant to access the authorized service(s).

What Happens if the Needed DMH Service is Not Available?

If the Area Director or designee determines that the applicant needs DMH services, but the needed services are not available, the applicant/LAR will be informed that the request for service cannot be approved because the needed services do not have available capacity.

The Area Director or designee will contact the applicant/LAR at least monthly to inquire about the applicant's status and continued need for DMH service(s). At such time that the service becomes available, the individual will be offered a referral to such service.

If the applicant is a child or adolescent and has an Intensive Care Coordinator through a CSA, the applicant's status and continued need will be updated at least monthly by the DMH Liaison to the CSA.

If, after six (6) months, the needed service remains unavailable the applicant will be required to re-apply for DMH services.

How Long Does the Finding of Meeting the Clinical Criteria Last?

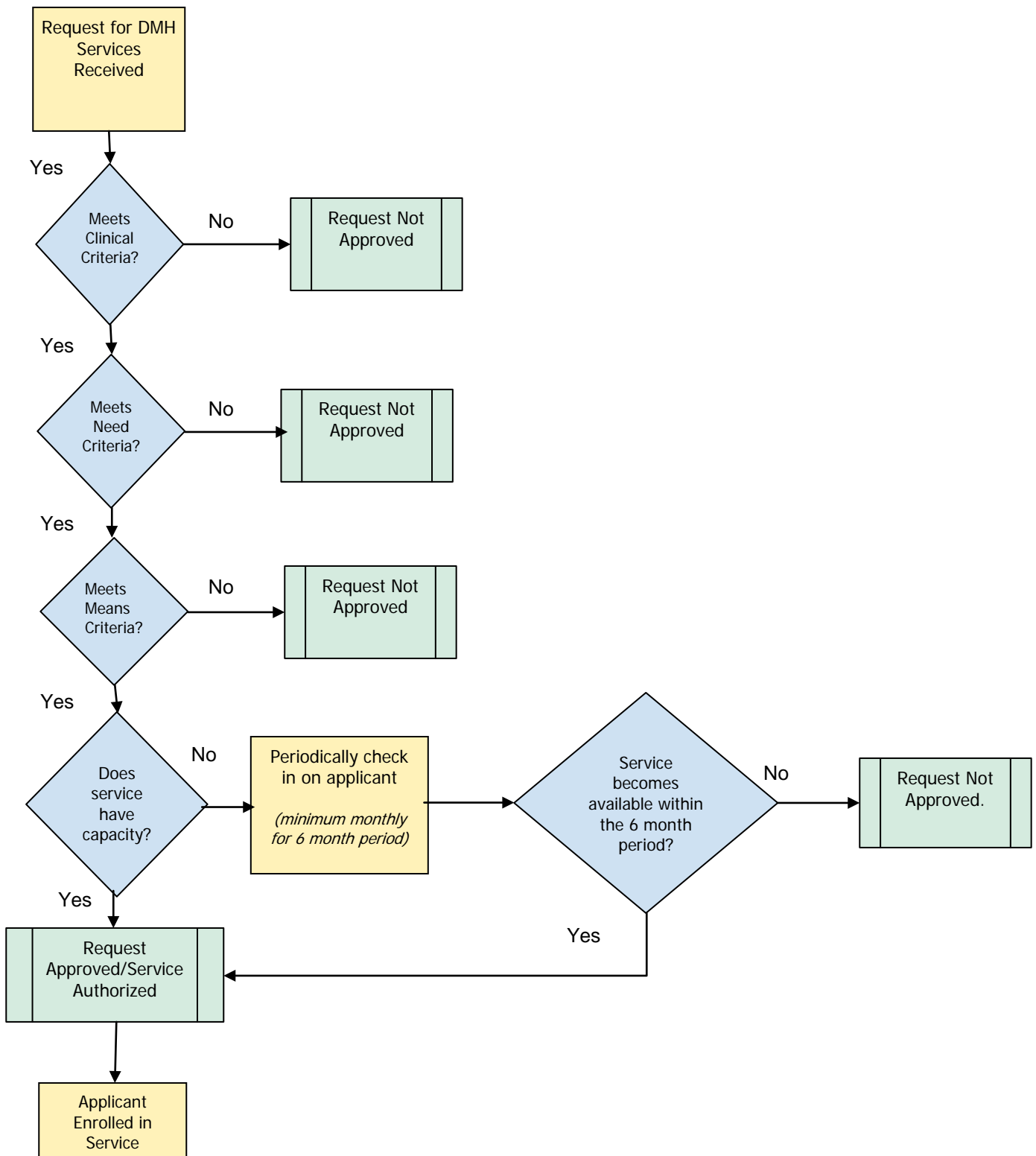
Six-month rule: If an applicant reapplies within six (6) months from the date the request for services was not approved, the finding that the applicant met clinical criteria would remain in effect.

APPENDIX

Table of Contents:

| | |
|---------|------------------------|
| Part A. | Process Flowchart |
| Part B. | Notification of Rights |
| Part C. | List of Area Offices |
| Part D. | Appeal Guidelines |

Appendix Part A Request for Services Flow Chart





NOTIFICATION OF RIGHTS
COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF MENTAL HEALTH

The mission of the Department of Mental Health is to improve the quality of life for adults with serious and persistent mental illness and children with serious mental illness or severe emotional disturbance. This is accomplished by ensuring access to an integrated network of effective and efficient services that promotes consumer rights, responsibilities, rehabilitation, and recovery.

As an individual requesting community based mental health services from the Department of Mental Health (DMH), you are informed that:

- ⇒ you, your guardian, or the parent of a minor have the right to apply for DMH services.
- ⇒ the provision of DMH services is contingent upon the availability of services and funding; and of the need to apply and be approved for DMH services;
- ⇒ you will be required to provide DMH with necessary and relevant information about your needs and resources, such as access you may have to entitlements, insurance and other services
- ⇒ DMH has the authority to maintain your name and personal information in a confidential record keeping system, including by electronic means
- ⇒ participation in DMH services is voluntary
- ⇒ if accepted for DMH services, you have the right to participate in and contribute to your service planning
- ⇒ if accepted for DMH services, DMH and its service providers may charge for services, based on your ability to pay
- ⇒ if DMH services are not approved due to needs, means, or clinical criteria, you have the right to appeal the decision
- ⇒ if terminated from DMH services, you have the right to appeal the termination

Central-West Area:

All applications must be sent to the designated office.

| | |
|---|--|
| <p style="text-align: center;"><u>Northampton Office</u> P.O. Box 389 Northampton, MA 01061-0389 Phone (413) 587-6200 Fax (413) 587-6203 TTY (413) 586-6592</p> | <p style="text-align: center;"><u>Worcester Office</u> Worcester State Hospital 305 Belmont Street Worcester, MA 01604 Phone (508) 368-3838 Fax (508) 363-1500 TTY (508) 752-0127</p> |
|---|--|

- **All applications for the following locations must be sent to the Northampton Office:**

| | |
|--|--|
| <p>Berkshire 333 East Street Pittsfield, MA 01201</p> | <p>Phone: (413) 395-2000 Fax: (413) 395-2018 TTY: (413) 443-8294</p> |
| <p><i>Towns Served: Alford, Becket, Dalton, Egremont, Great Barrington, Hancock, Hinsdale, Lanesboro Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlboro, Otis, Peru, Pittsfield, Richmond, Sandisfield, Sheffield Stockbridge, Tyringham, Washington, West Stockbridge, Windsor</i></p> | |
| <p>Franklin/No. Quabbin 13 Prospect St Greenfield, MA 01302</p> | <p>Phone: (413) 772-5600 Fax: (413) 772-5638 TTY: (413) 772-3076</p> |
| <p><i>Towns Served: Ashfield, Athol, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Millers Falls, Montague, New Salem, Northfield, Orange, Petersham, Phillipston, Rowe, Royalston, Shelburne, Shutesbury, Sunderland, Turners Falls, Warwick, Wendell, Whately</i></p> | |
| <p>Hampshire 1 Prince Street P.O Box 389 Northampton, MA 01061</p> | <p>Phone: (413) 587-5300 Fax: (413) 587-5333 TTY: (413) 587-5314</p> |
| <p><i>Towns Served: Amherst, Chesterfield, Cummington, Easthampton, Goshen, Hadley, Hatfield, Middlefield, Northampton, Pelham, Plainfield, Westhampton, Williamsburg, Worthington</i></p> | |
| <p>Holyoke/Chicopee 140 High Street Suite 525 - 5th Floor Springfield, MA 01105</p> | <p>Phone: (413) 452-2300 (Toll Free: 1-800-352-3881) Fax: (413) 452-2306 TTY: (413) 747-7240</p> |
| <p><i>Towns Served: Belchertown, Bondville, Chicopee, Granby, Holyoke, Ludlow, Monson, Palmer, South Hadley, Southampton, Thorndike, Three Rivers, Ware</i></p> | |
| <p>Springfield 140 High Street Suite 525 - 5th Floor Springfield, MA 01105</p> | <p>Phone: (413) 452-2300 (Toll Free: 1-800-352-3881) Fax: (413) 452-2306 TTY: (413) 747-7240</p> |
| <p><i>Towns Served: East Longmeadow, Hampden, Longmeadow, Springfield, Wilbraham</i></p> | |
| <p>Westfield 1 Prince Street P.O Box 389 Northampton, MA 01061</p> | <p>Phone: (413) 587-6200 Fax: (413) 587-6444 TTY: (413) 587-6442</p> |
| <p><i>Towns Served: Agawam, Blandford, Chester, Granville Huntington, Montgomery, Russell, Southwick, Tolland, Westfield, West Springfield</i></p> | |

Central-West Area:

All applications must be sent to the designated office.

Northampton Office

P.O. Box 389
Northampton, MA 01061-0389
Phone (413) 587-6200
Fax (413) 587-6203
TTY (413) 586-6592

Worcester Office

Worcester State Hospital
305 Belmont Street
Worcester, MA 01604
Phone (508) 368-3838
Fax (508) 363-1500
TTY (508) 752-0127

- **All applications for the following locations must be sent to the Worcester Office:**

Fitchburg/Gardner

515 Main Street, 2nd Floor
Fitchburg, MA 01420

Phone: (978) 353-4400

Fax: (978) 348-1275

TTY: (978) 343.2637

Towns Served: *Ashby, Ashburnham, Ayer, Barre, Berlin, Bolton, Clinton, Fitchburg, Gardner, Gilbertville, Groton, Hardwick, Harvard, Hubbardston, Lancaster, Leominster, Lunenburg, New Braintree, Oakham, Pepperell, Princeton, Rutland, Shirley, Sterling, Templeton, Townsend, Westminster, Winchendon*

North Grafton

40 Institute Rd., Oaks "B" Bldg.
North Grafton, MA 01536

Phone: (508) 887-1100

Fax: (508) 887-1166

TTY: (508) 887-8932

Towns Served: *Bellingham, Blackstone, Brimfield, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Franklin, Grafton, Holland, Hopedale, Medway, Mendon, Milford, Millbury, Millville, Northbridge, North Brookfield, Oxford, Southbridge, Spencer, Sturbridge, Sutton, Upton, Uxbridge, Wales, Warren, Webster, West Brookfield*

Worcester

40 Institute Rd., Oaks "B" Bldg., 2nd Floor
North Grafton, MA 01536

Phone: (508) 887-1160

Fax: (508) 887-1155

TTY: (508) 887-8932

Towns Served: *Auburn, Boylston, Holden, Leicester, Paxton, Shrewsbury, West Boylston, Worcester*

Northeast-Suburban Area:

All applications must be sent to the designated office.

| | |
|---|---|
| <p><u>Tewksbury Office</u> P.O. Box 387 Tewksbury, MA 01876-0387 Phone (978) 863-5000 Fax (978) 863-5091 TTY (978) 640-1193</p> | <p><u>Westborough Office</u> Hadley Building 167 Lyman Street Westborough, MA 01581 Phone (508) 616-3500 Fax (508) 616-3599 TTY (508) 616-3533</p> |
|---|---|

- **All applications for the following locations must be sent to the Tewksbury Office:**

| | |
|---|--|
| <p>Salem/North Shore Shetland Office Park 35 Congress Street Salem, MA 01970</p> | <p>Phone: (978) 741-7300 Fax: (978) 741-7340 TTY: (978) 741-7360</p> |
| <p><i>Towns Served: Beverly, Danvers, Essex, Gloucester, Hamilton, Ipswich, Manchester, Marblehead, Middleton, Peabody, Rockport, Salem, Topsfield, Wenham</i></p> | |
| <p>Greater Lawrence/Essex North 15 Union Street, Suite #2 Lawrence, MA 01840-1823</p> | <p>Phone: (978) 738-4500 Fax: (978) 738-4559 TTY: (978) 738-4558</p> |
| <p><i>Towns Served: Amesbury, Andover, Boxford, Byfield, Georgetown, Groveland, Haverhill, Lawrence, Methuen, Merrimac, Newbury, Newburyport, No. Andover, Rowley, Salisbury, West Newbury</i></p> | |
| <p>Greater Lowell Solomon Mental Health Center 391 Varnum Avenue Lowell, MA 01854</p> | <p>Phone: (978) 322-5000 Fax: (978) 322-5077 TTY: (978) 458-6142</p> |
| <p><i>Towns Served: Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsboro, Westford</i></p> | |
| <p>Lynn 330 Lynnway Suite 201 Lynn, MA 01901</p> | <p>Phone: (781) 477-2070 Fax: (781) 477-2071</p> |
| <p><i>Towns Served: Lynn, Lynnfield, Nahant, Saugus, Swampscott</i></p> | |
| <p>Wakefield 27 Water Street Suite 301 Wakefield, MA 01880</p> | <p>Phone: (781) 224-7900 Fax: (781) 224-7937 TTY: (781) 224-7935</p> |
| <p><i>Towns Served: Everett, Malden, Medford, Melrose, North Reading, Reading, Stoneham, Wakefield</i></p> | |

Northeast-Suburban Area:

All applications must be sent to the designated office.

Tewksbury Office

P.O. Box 387
Tewksbury, MA 01876-0387
Phone (978) 863-5000
Fax (978) 863-5091
TTY (978) 640-1193

Westborough Office

Hadley Building
167 Lyman Street
Westborough, MA 01581
Phone (508) 616-3500
Fax (508) 616-3599
TTY (508) 616-3533

- **All applications for the following locations must be sent to the Westborough Office:**

East Suburban

20 Academy Street, Suite 304
Arlington, MA 02474-6401

Phone: (781) 641-8100
Fax: (781) 641-8106
TTY: (781) 641-8113

***Towns Served:** Acton, Arlington, Bedford, Belmont, Boxborough, Burlington, Carlisle, Concord, Lexington, Lincoln, Littleton, Maynard, Stow, Waltham, Watertown, Wilmington, Winchester, Woburn*

West Suburban

Hadley Building
167 Lyman Street
Westborough, MA 01581

Phone: (508) 616-2801
Fax: (508) 616-2864
TTY: (508) 616-2820

***Towns Served:** Ashland, Dover, Framingham, Holliston, Hopkinton, Hudson, Marlborough, Natick, Northborough, Sherborn, Southborough, Sudbury, Wayland, Westborough*

Southwest Suburban

Massachusetts Hospital School
Donovan Building -- 2nd Floor
5 Randolph Street
Canton, MA 02021

Phone: (781) 401-9700
Fax: (781) 401-9721
TTY: (781) 401-9701

***Towns Served:** Canton, Dedham, Foxboro, Medfield, Millis, Needham, Newton, Norfolk, Norwood, Plainville, Sharon, Walpole, Wellesley, Weston, Westwood, Wrentham*

South Suburban

Quincy Mental Health Center
460 Quincy Avenue
Quincy, MA 02169

Phone: (617) 984-1000
Fax: (617) 984-1040
TTY: (617) 984-1041

***Towns Served:** Braintree, Cohasset, Hingham, Hull, Milton, Norwell, Quincy, Randolph, Scituate, Weymouth*

Metro-Southeast Area:

All applications must be sent to the designated office.

| | |
|---|---|
| <p><u>Brockton Office</u> 165 Quincy Street Brockton, MA 02302 Phone (508) 897-2000 Fax (508) 897-2024 TTY (508) 897-2102</p> | <p><u>Boston Office</u> 85 East Newton Street Boston, MA 02118 Phone (617) 626-9200 Fax (617) 626-9216 TTY (617) 626-9257</p> |
|---|---|

- **All applications for the following locations must be sent to Brockton Office.**

| | |
|--|--|
| <p>Brockton Multi-Service Center 165 Quincy Street Brockton, MA 02302</p> | <p>Phone: (508) 897-2000 Fax: (508) 897-2075 TTY: (508) 897-2102</p> |
| <p><i>Towns Served: Abington, Avon, Bridgewater, Brockton, East Bridgewater, Easton, Holbrook, Rockland, Stoughton, West Bridgewater, Whitman</i></p> | |
| <p>Cape Cod & The Islands 181 North Street Hyannis, MA 02601</p> | <p>Phone: (508) 957-0900 Fax: (508) 957-0965 TTY: (508) 771-3907</p> |
| <p><i>Towns Served: Barnstable, Bourne, Brewster, Chatham, Chilmark, Cotuit, Dennis, Eastham, Edgartown, Falmouth, Gay Head, Harwich, Hyannis, Mashpee, Nantucket, Oak Bluffs, Orleans, Osterville, Provincetown, Sandwich, Tisbury, Truro, Vineyard Haven, Wellfleet, West Tisbury, Woods Hole, Yarmouth</i></p> | |
| <p>Fall River Corrigan Mental Health Center 49 Hillside Street Fall River, MA 02720</p> | <p>Phone: (508) 235-7200 Fax: (508) 235-7346 TTY: (508) 678-2460</p> |
| <p><i>Towns Served: Fall River, Freetown, Somerset, Swansea, Westport</i></p> | |
| <p>New Bedford 888 Purchase Street New Bedford, MA 02740</p> | <p>Phone: (508) 996-7900 Fax: (508) 999-1331 TTY: (508) 994-2338</p> |
| <p><i>Towns Served: Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford, Onset, Rochester, Wareham</i></p> | |
| <p>Plymouth 40 Industrial Park Rd. Plymouth, MA 02360</p> | <p>Phone: (508) 732-3000 Fax: (508) 746-3224 TTY: (508) 746-0847</p> |
| <p><i>Towns Served: Carver, Duxbury, Halifax, Hanover, Hanson, Kingston, Marshfield, Pembroke, Plymouth, Plympton</i></p> | |
| <p>Taunton/Attleboro P.O. Box 4007 (Gifford Building) Taunton, MA 02780</p> | <p>Phone: (508) 977-3150 Fax: (508) 977-3752 TTY: (508) 977-3696</p> |
| <p><i>Towns Served: Attleboro, Berkley, Dighton, Lakeville, Mansfield, Middleboro, North Attleboro, Norton, Raynham, Rehoboth, Seekonk, Taunton</i></p> | |

Metro-Southeast Area:

All applications must be sent to the designated office.

Brockton Office

165 Quincy Street
Brockton, MA 02302
Phone (508) 897-2000
Fax (508) 897-2024
TTY (508) 897-2102

Boston Office

85 East Newton Street
Boston, MA 02118
Phone (617) 626-9200
Fax (617) 626-9216
TTY (617) 626-9257

- **All applications for the following locations must be sent to the Boston Office.**

Fuller/Baycove

85 E. Newton Street
3rd Floor,
Boston, MA 02118

Phone: (617) 626-8944

Fax: (617) 626-8884

TTY: (617) 305-9913

Towns Served: Chinatown, Dorchester, South Boston, Roxbury, South End, Mattapan

Lindemann/Cambridge/Somerville

25 Staniford Street
Boston, MA 02114

Phone: (617) 626-8510

Fax: (617) 626-8508

TTY: (617) 626-8576

Towns Served: Cambridge, Charlestown, Chelsea, Downtown Boston (including Beacon Hill, East Boston, Revere, North End), Somerville, Winthrop

Massachusetts Mental Health Center

75 Fenwood Road
Boston, MA 02115

Phone: (617) 626-9300

Fax: (617) 626-9703

TTY: (617) 626-8576

Towns Served: Allston, Back Bay, Brighton, Brookline, Fenway, Hyde Park, Jamaica Plain, Roslindale, Roxbury, West Roxbury

APPEAL GUIDELINES: CLINICAL

Who may file an appeal?

A determination by DMH that an applicant does not meet clinical criteria for DMH services may be appealed by an applicant, the applicant's LAR or a person designated by the applicant when there is no LAR using the procedures established by the Department and outlined below. DMH staff will provide the applicant with the necessary names, addresses and telephone numbers to initiate an appeal.

How is an appeal filed?

An applicant wishing to appeal formally or informally should provide additional information to support the reversal of the denial decision:

An applicant wishing to appeal should:

1. Request an informal meeting with **[Area Director or designee]** within ten (10) days of receiving the notification of denial to ask questions and resolve any issues or ask that this informal meeting be waived (the applicant may bring other persons to this meeting if desired);
2. If the informal meeting has been waived, or if the applicant is still dissatisfied with the decision, the applicant may file a written notice with **[Area Medical Director]**, a Request for Reconsideration by the Area Medical Director within ten (10) days after the conclusion of the informal conference or the agreement to waive.

The Area Medical Director must render a decision on the Request for Reconsideration within twenty (20) days of receipt of the request, unless the time is extended by mutual consent of the Area Medical Director and the person filing the Request for Reconsideration.

What happens if the Area Medical Director does not reverse the denial and the applicant believes he or she meets clinical criteria for DMH services?

If denial of the application is not reversed by the Area Medical Director, the applicant may appeal the Area Medical Director's decision by petitioning the DMH Commissioner or designee for a fair hearing pursuant to 104 CMR 29.16(5).

A petition for fair hearing must be submitted to the Commissioner within twenty (20) days after receiving the Area Medical Director's decision with regard to clinical criteria pursuant to 104 CMR 29.16(3).

The hearing officer shall render a decision within 20 days of the close of the hearing.

Within 15 days after receipt of the hearing officer's recommended decision, the Commissioner shall issue a decision.

APPEAL GUIDELINES: NEEDS AND/OR MEANS

Who may file an appeal?

A determination by the Department of Mental Health (DMH) that an application is denied based on need may be appealed by the applicant, the applicant's legally authorized representative, or a person designated by the applicant when there is no legally authorized representative.

How is an appeal filed?

An applicant, legally authorized representative or designated representative must submit a written statement to the Area Director or designee indicating the basis for the appeal. This written statement must be submitted within thirty (30) days of receiving the notification that DMH services were not approved. The applicant, legally authorized representative, or designated representative may submit additional information that might support the reversal of the denial. The written statement must be submitted to **[name/title/address]**.

How is the appeal decided?

The Area Director or designee shall hold an informal meeting with the applicant, legally authorized representative or designated representative unless the informal meeting is waived by agreement. The purpose of this meeting is to ask questions and resolve any issues. The informal meeting shall be held within twenty (20) days of notification of the appeal. The applicant, legally authorized representative, or designated representative will receive written notice of the decision.

What happens if the Area Director does not reverse the denial?

If the decision is not reversed by the Area Director, the applicant, legally authorized representative, or designated representative may petition the Department of Mental Health Commissioner or designee for a fair hearing pursuant to 104 CMR 29.16(5). The petition for a fair hearing must be submitted in writing within twenty (20) days of receiving the Area Director's written decision.