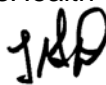




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
100 Hancock Street  
Quincy, MA 02171  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MassHealth  
Transmittal Letter MHC-43  
April 2011

**TO:** Mental Health Centers Participating in MassHealth  
**FROM:** Terence G. Dougherty, Medicaid Director   
**RE:** *Mental Health Center Manual* (Revised Regulations)

This letter transmits revised regulations contained in the *Mental Health Center Manual*, effective with dates of service on or after April 15, 2011. These amendments clarify or modify regulations governing multidisciplinary staffing, utilization, and case review.

These amendments introduce new staffing requirements and frequency of utilization review plans that mirror the Massachusetts Department of Public Health's Licensure of Clinics regulations.

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

**NEW MATERIAL**

(The pages listed here contain new or revised language.)

**Mental Health Center Manual**

Pages vi, 4-15, and 4-16

**OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

**Mental Health Center Manual**

Page vi — transmitted by Transmittal Letter MHC-40

Pages 4-15 and 4-16 — transmitted by Transmittal Letter MHC-39

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429.431: Operating Procedures

(A) A professional staff member must conduct a comprehensive evaluation of each member before initiating therapy. For members under the age of 21, a CANS must be completed during the initial behavioral-health assessment before the initiation of therapy and be updated at least every 90 days thereafter by a CANS-certified provider, as described in 130 CMR 429.424.

(B) The center must accept a member for treatment, refer the member for treatment elsewhere, or both, if the intake evaluation substantiates a mental or emotional disorder.

(C) One professional staff member must assume primary responsibility for each member (the primary therapist).

(D) The center program must make provisions for responding to persons needing services on a walk-in basis.

(E) The center must take appropriate steps to facilitate uninterrupted and coordinated member care whenever it refers a member elsewhere for treatment not available at the center or for subsequent treatment.

(F) Before referring a member elsewhere, the center must, with the member's consent, send a summary of or the actual record of the member to that referral provider before initiating therapy.

429.432: Treatment Planning and Case Review

A multidisciplinary team composed of mental health professionals, in accordance with the Department of Public Health (DPH) regulations at 105 CMR 140.530, must conduct treatment planning, assessments, and case review for each member as follows.

(A) The multidisciplinary team must conduct case review according to the DPH regulations at 105 CMR 140.540; must prepare a treatment plan that complies with DPH regulations at 105 CMR 140.520(C); and must establish criteria for determining when termination of treatment is appropriate.

(B) For members under the age of 21, the multidisciplinary team must ensure that the CANS has been completed at the initial behavioral-health assessment and is updated at least every 90 days thereafter.

(C) The multidisciplinary team must review each case at termination of treatment and prepare a termination summary that describes the course of treatment and the aftercare program or resources in which the member is expected to participate.

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429.433: Coordination of Medical Care

A mental health center must coordinate psychotherapeutic treatment with medical care for MassHealth members. If a member has not received a physical exam within six months of the date of intake, the mental health center must advise the member that one is needed. If the member does not have an existing relationship with a physician, the mental health center must assist the member in contacting the MassHealth agency's customer service toll-free line to receive help in selecting a physician. If the member does not want a physical examination, the member's record must document the member's preference and any stated reason for that preference.

429.434: Schedule of Operations

(A) There must be at least one location where a freestanding mental health center operates a program that is open at least 40 hours a week.

(B) A mental health center operated by a clinic-licensed community health center must be open at least 20 hours a week.

(C) When the center is closed, telephone coverage must be provided by personnel offering referral to operating emergency facilities, on-call clinicians, or other mechanisms for effectively responding to a crisis, in accordance with the requirements set forth at 130 CMR 429.421(B)(13).

429.435: Utilization Review Plan

The mental health center must have a utilization review plan that meets the following conditions.

(A) A utilization review committee must be formed, composed of the clinical director (or his or her designee) and two other professional staff members who meet all the qualifications for their discipline, as outlined in 130 CMR 429.424.

(B) The utilization review committee must review each of the center's cases in accordance with the Department of Public Health regulations found at 105 CMR 140.540 and following the member's termination.