

The Commonwealth of Massachusetts, Department of Mental Health

Issue and Review of DMH Policies and Other Official Documents

Policy # 99-4

Date of Issue: October 8, 1999

Effective Date: October 15, 1999

Approval by Commissioner

Signed by: Marylou Sudders

Date: October 8, 1999

I. Purpose of Policy:

This policy establishes procedures for the development, issuance and review of DMH Policies and other official documents. Its purpose also is to define the documents commonly used by the Department of Mental Health (DMH) to carry out the statutory requirements, regulations and mission of the agency. This policy replaces and repeals DMH Policy #96-6.

II. Scope of Policy:

This policy shall apply to all personnel within DMH.

III. Definitions:

- Commissioner: The Commissioner of the Department of Mental Health.
- Clinical Criteria: A document that establishes measures used to determine the clinically appropriate and necessary level of care and intensity of services, as approved by the Commissioner or designee.
- Directive: A document issued by the Commissioner, which directs or prohibits specific actions.
- DMH Policy: A document issued by the Commissioner that interprets, specifies compliance requirements for, and/or provides guidance regarding implementation of a(n):
 1. Statute;
 2. Regulation;
 3. Court ruling;
 4. Executive Order;
 5. Other requirement imposed upon DMH;
 6. Agency-wide initiative.
- Policies may apply to specific categories of facilities, programs or individuals.
- Form: A standard document, approved by the Commissioner or designee, to be completed by DMH staff or others that is required by a Statute, Regulation or DMH Policy.
- Guideline: A document that sets forth the course of action needed to implement a Statute, Regulation or DMH Policy, as approved by the Commissioner or designee.
- Procedure: A document that sets forth the administrative steps necessary to implement a Regulation, DMH Policy or Directive.
- Regulation: Rules promulgated by a state or federal agency consistent with its statutory authority. Regulations generally further interpret Statutes and may govern the activity of those regulated by the agency. Properly promulgated Regulations have the force of law.
- Standard: A document that defines the structures or processes that must be in place for the delivery, organization and outcome of services, as approved by the Commissioner or designee.
- Statute: A law enacted by the Commonwealth or federal government declaring, commanding or prohibiting something (e.g., M.G.L. Chapter 19).

IV. Substance of Policy

- A DMH Policy or Directive cannot conflict with any existing Statute or Regulation
- Standards, Clinical Criteria and Guidelines cannot conflict with any existing Statute, Regulation, DMH Policy or Directive.
- DMH Areas, facilities and operational divisions may not develop their own policies except to obtain or maintain accreditation or certification from the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), Health Care Financing Administration (HCFA), and other similar entities. If an Area, facility or operational division is required to develop a policy for such an entity, the following

three rules apply: 1) if a DMH Policy covers in full the subject of the policy required by the entity, then the DMH Policy shall be used as the policy for the entity; 2) if a DMH Policy covers the subject only in part, then the relevant portions of the DMH Policy must be incorporated into the policy developed for the entity; 3) policy developed to meet the requirements of an accrediting or certifying entity cannot conflict with any Statute, Regulation, DMH Policy, Directive, Standard, Clinical Criteria or Guideline.

- Each DMH Area, facility or operational division may develop its own procedures as long as they do not conflict with any Statute, Regulation, DMH Policy, Directive, Standard, Clinical Criteria or Guideline.

V. Prescribed Format

- A. Each DMH Policy shall conform to the following format:
1. Title: The official name of the policy
 2. Policy Number: Assigned by the Commissioner's office, includes calendar year and policy sequence number
 3. Date of Issue: Corresponds with date of Commissioner's signature
 4. Effective Date: Date on which policy is implemented
 5. Policy Replaced, if any: The number of any DMH Policy replaced or repealed by the new policy
 6. Signature: Commissioner's signature and date
 7. 1. Purpose of Policy: This section indicates the rationale for developing and implementing the policy. This section also indicates whether the policy interprets, specifies compliance requirements for and/or provides guidance regarding implementation of a Statute, Regulation, court ruling, Executive Order, other requirement imposed upon DMH or agency-wide initiative and whether it replaces an existing DMH Policy.
 8. 2. Scope of Policy: This section indicates to which categories of facilities, programs or individuals the DMH Policy applies.
 9. 3. Definitions: This section defines any words or terms used that are necessary for understanding or interpreting the DMH Policy, and should include, if applicable, the relevant definition of "DMH Client."
 10. 4. Substance: This section outlines the DMH Policy and should be clearly written, consistent with the mission, goals and values of DMH, and not conflict with any Statute, Regulation, Executive Order or other DMH Policy.
 11. 5. Implementation Responsibility: This section specifies the specific staff title(s) responsible for ensuring implementation of the policy.
 12. 6. Review: This section specifies how frequently the policy is to be reviewed.
- B. Each Directive, set of Standards, Clinical Criteria, Guidelines and Forms shall include an effective date, expiration date (if any) and/or review date, if applicable.

VI. Issuance, Distribution and Maintenance of DMH Policies, Directives, Guidelines, Standards, Clinical Criteria and Forms

- A. Issuance: The Commissioner:
1. Establishes procedures for the development, issuance and review of DMH Policies, Guidelines, Standards, Clinical Criteria and Forms;
 2. Provides an opportunity for review and comment by appropriate interested parties, including DMH staff, other state agencies, citizen advisory boards, advocates and other persons;
- B. Distribution:
1. Copies of all DMH Policies and Directives, and such Standards, Clinical Criteria, Guidelines and Forms as are applicable, shall be distributed to and maintained by each operational division within DMH and at each DMH Area and Site office and facility and shall be available for public inspection.
 2. The Deputy Commissioners, Chief of Staff, General Counsel and Area Directors shall be responsible for ensuring further distribution and attention to the content of all DMH Policies, Directives, Standards, Clinical Criteria, Guidelines and Forms as may be applicable.

1. The Commissioner shall designate an office within DMH with responsibility for maintaining an official compilation of all DMH Policies, Directives, Standards, Clinical Criteria, Guidelines and Forms.
2. The office designated by the Commissioner shall ensure that these documents are distributed to the Deputy Commissioners, Chief of Staff, General Counsel and Area Directors and updated in a timely manner and that access to them by each operational division, office and facility is maintained.

VII. Implementation of this Policy

The Commissioner shall be responsible for implementation of this policy.

VIII. Review

This policy shall be reviewed at least every three years or as necessary.

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