CHAPTER 12:

MEDICAL SERVICES DURING CONFINEMENT

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MEDICAL SERVICES DURING CONFINEMENT

This chapter should be read in conjunction with Chapter 13, Mental Health and Substance Abuse Services During Confinement. For youths in programs licensed by the state Department of Early Education and Care (DEEC), this chapter should also be read in conjunction with the explanation of DEEC regulatory requirements regarding medical care, discussed in Chapter 10, Overview of Rights During Confinement.

This chapter does not apply to youths held in pre-arraignment detention facilities known as Alternative Lockup Programs (ALPs).

Right to medical services

Youths in state custody have a right under the U.S. Constitution to adequate basic care, medical care, and protection from harm.\(^1\)

DYS detained and committed youths have the right to receive medical services during such confinement.\(^2\) Medical services include both diagnosis and treatment and include both physical and mental health services.\(^3\) Treatment for routine ailments may be provided at the DYS facility or at a community medical facility.\(^4\)

While DYS provides medical care for detained youth,\(^5\) in some respects, DYS has different obligations for detained youth than it does for committed youth, as discussed below.

For youth in facilities licensed by DEEC, this chapter should be read in conjunction with the explanation of state DEEC regulatory requirements regarding medical care, discussed in Chapter 10, Overview of Rights During Confinement.

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\(^2\) Mass. Gen. L. ch. 18A, § 2. DYS regulation 109 CMR 11.23(1)(a) requires DYS to provide detained youth with “minimal medical services,” but the U.S. Constitution likely requires a higher level of services than that standard.


\(^4\) 109 CMR 11.23(3).

Intake and medical evaluation of youths detained in DYS facilities

Intake screening

At the time of arrival of a detained youth at DYS, DYS must do a preliminary clinical assessment to detect urgent psychiatric and medical needs and suicidal ideation, as well as conduct a visual inspection for signs of trauma, recent surgery, abscesses, open wounds, needle punctures, jaundice and communicable diseases.6

DYS also seeks to determine whether the youth has any current health problems (acute or chronic) or is currently being treated with medication which needs to be continued while in custody.7 In addition, DYS offers all detained youths a screening for sexually transmitted diseases.8

This assessment, called an intake assessment or screening, should be performed by a licensed provider.9 DYS conducts this assessment within 24 hours of a youth’s admission.10

Medical evaluation

Within 30 days of the youth’s arrival at DYS, DYS conducts a medical evaluation.11 Typically, this evaluation begins after the youth’s 17th day in detention and will be completed by day 30 if the youth is still in detention at that time.12

When the intake screening and/or medical evaluation indicate the need for more tests or for treatment, and when the youth is transferred within the DYS system, this medical information travels with the youth.13

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6 109 CMR 11.23(1).
9 Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007).
11 10 109 CMR 11.22(1) (for committed youths).
12 Communication of Edward Dolan, Department of Youth Services to MHLAC (Jan. 17, 2008).
13 109 CMR 11.23(4).
Intake, medical evaluation, and full assessment of committed youths

Intake screening

As DYS does for detained youths, DYS performs an intake screening of all committed youths.14

Medical evaluation

In addition, if the committed youth has not had a complete medical evaluation (because he had not remained in detention for sufficient time for such evaluation to be completed), he will have that evaluation on the assessment unit. DYS regulation requires that this evaluation occur within 30 days of commitment to DYS.15 However, DYS will complete it within 30 continuous days of confinement to DYS (so a youth who has been detained prior to commitment may have the evaluation completed prior to the regulatory deadline).16

Full assessment

In addition, DYS must thoroughly evaluate each committed youth when he enters DYS custody in order to determine what services the youth needs.17

To meet this requirement, as soon as a bed in an assessment unit is available, the youth is moved there and DYS conducts a full assessment of the committed youth.18 Assessment consists of an examination of the youth’s medical, dental, psychiatric, family, behavioral, systemic and educational history.19

Information from the assessment is presented at the staffing where the treatment team develops a treatment plan.20 For further discussion of what happens on the assessment unit, see the section

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14 Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007).
15 109 CMR 11.22(1).
16 Communication of Edward Dolan, Department of Youth Services to MHLAC (Jan. 17, 2008).
17 Mass. Gen. L. ch. 120, § 5(a)-(c) (the statutory provision terms this evaluation an “examination”).
18 Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007).
19 Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007).
20 See 109 CMR 11.22(1).
entitled “Assessments of committed youth” in Chapter 7, Commitment and Assessment.

In addition, DYS staff must take certain steps upon the commitment of a youth to ensure continuity of care. Among these requirements, medical staff must obtain past medical records, continue or reevaluate any current medical treatment without interruption, continue specialty treatment in collaboration with or, if possible, by the same community provider who last treated the youth, and provide treatment information to the parent or legal guardian.

In order for DYS to ensure such continuity, it is important for parents and legal guardians to provide DYS with as much medical information as possible. Parents or legal guardians must complete the DYS Medical Consent Form to enable DYS to obtain the medical records and speak with the current health providers and medication prescribers to continue any existing treatment. Committed youths may not be able to access their community health care provider while in a secure setting.

Committed youths receive a complete medical history and physical exam by a physician, nurse practitioner or physician assistant unless already completed during detention. Immunization status is reviewed and immunizations are updated as required. Youths also are screened for tuberculosis, sexually transmitted diseases, and for other diseases indicated by their history. A dental examination and treatment also are scheduled as soon as possible after commitment.

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21 DYS Policy # 2.5.7, Continuity of Care (Mar. 14, 2000), Procedures, C.
22 DYS Policy # 2.5.7, Continuity of Care (Mar. 14, 2000), Procedures, C.1, 2, 3, 4.
23 Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007).
24 Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007).
Tip for families: If DYS does not conduct an evaluation of your child after he is committed OR if DYS does not re-evaluate your child within one year of a previous evaluation, your child may petition the court for an order of discharge. Mass. Gen. L. ch. 120, § 5(d). If the order is granted, your child will no longer be in DYS custody. However, the fact that your child was not evaluated according to the law does not guarantee that he will be discharged, but only that he has the right to request discharge. Mass. Gen. L. ch. 120, § 5(d).

This process of seeking an order of discharge is rarely used and is not likely to achieve that goal, but it may get your child’s situation some needed attention. If you believe that your child’s circumstances warrant such a petition, contact your child’s original lawyer or the Juvenile Defense Network at (617) 445-5640.

Annual examinations of committed youths

In addition, DYS must conduct periodic examinations of all committed youths. These examinations may be made as frequently as DYS considers desirable, but must occur at least annually. DYS reports that a medical history and physical exam by Health Services staff are repeated annually as long as the client is in an out-of-home placement.

Further rights of detained or committed youths to screening upon placement in program

Upon being placed in any program, each detained or committed youth must receive a medical, psychiatric and dental screening. This evaluation must occur within seven days of arrival. Staff must assist youths in contacting parents or guardians after the intake screening is complete.

DYS staff must take certain steps to ensure continuity of care during the intake screening process. Included among these steps is the requirement that clinical staff telephone parents or legal guardians to confirm or clarify the nature of any current medical or psychiatric problem.

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29 Mass. Gen. L. ch. 120, § 5(b).
30 Mass. Gen. L. ch. 120, § 5(b).
32 DYS Policy # 2.1.1(c), Intake Procedures (Jan. 1, 1999).
33 DYS Policy # 2.1.1(c), Intake Procedures (Jan. 1, 1999).
34 DYS Policy # 2.1.1(c), Intake Procedures (Jan. 1, 1999), Procedures, B.7.
35 DYS Policy # 2.5.7, Continuity of Care (Mar. 14, 2000), Procedures, B.
and obtain the name and telephone number of anyone currently treating the youth.\textsuperscript{36} Staff must obtain permission to speak with providers and obtain treatment records.\textsuperscript{37}

**Right to consent to and refuse medical, mental health and substance abuse treatment for youths in general**

In Massachusetts, except in very limited emergency situations involving life saving treatment, a competent adult has the right to decide his or her course of treatment and, more specifically, to accept or refuse treatment.\textsuperscript{38} This right includes mental health and substance abuse treatment.

Before administering any kind of treatment, including medication, a physician must obtain the adult’s informed consent.\textsuperscript{39} An adult is presumed competent to make treatment decisions.\textsuperscript{40} With certain exceptions, a minor (a person under age 18) is considered incompetent by age.

Except in the case of incompetence by age (a person under 18), incompetence to consent to or refuse treatment only may be established by a court determination.\textsuperscript{41}

Except in special circumstances, a parent or legal guardian has the capacity to provide informed consent for a minor.\textsuperscript{42} Any individual with the capacity to consent to treatment also enjoys the capacity to withdraw that consent at any time.

**Right to consent to and refuse treatment for DYS involved youths**

Informed consent is required for all medical care except for care given in an emergency.\textsuperscript{43}

\textsuperscript{36} DYS Policy # 2.5.7, Continuity of Care (Mar. 14, 2000), Procedures, B.3.
\textsuperscript{37} DYS Policy # 2.5.7, Continuity of Care (Mar. 14, 2000), Procedures, B.4.
\textsuperscript{39} Mass. Gen. L. ch. 111, § 70E.
\textsuperscript{40} Rogers v. Comm’r of the Dep’t of Mental Health, 390 Mass. 489, 497 (1983).
\textsuperscript{41} Rogers v. Comm’r of the Dep’t of Mental Health, 390 Mass. 489, 497 (1983).
\textsuperscript{42} There are two special circumstances. First, an emancipated minor may consent to or refuse medication as if he were an adult. Mass. Gen. L. ch. 112, §12F. Second, a “mature minor” is one who may consent to or refuse his own medical treatment when the best interests of the minor are served by not notifying the parents or guardians of the medical treatment, and the minor is determined capable of giving informed consent to the treatment. In re Rena, 46 Mass. App.Ct. 335, 337 (1999); Baird v. Att’y Gen., 371 Mass. 741, 754 (1977).
\textsuperscript{43} DYS Policy # 2.5.4, Authorization for Medical Care (Mar. 14, 2000), Policy section.
In a non-emergency, consent to routine medical care may be given by the youth. If a youth has no living parent and no legal guardian, DYS will arrange for the Department of Children and Families to file a Care & Protection petition or guardianship to secure consent to routine care. Routine medical care includes a long list of procedures, such as medical tests, preventative care, dental care, treatment of physical illnesses (including sexually transmitted diseases), and drug dependency treatment.

In addition, a youth in DYS or a provider-run facility, even if under age 18, who is pregnant or believes herself to be pregnant may give consent to her own medical and dental care (except abortion or sterilization). Similarly, a youth in DYS or a provider-run facility, even if under age 18, who reasonably believes he is suffering from or came in contact with any sexually transmitted disease, may consent to his own medical care related to the diagnosis or treatment of such disease. Last, youth age 12 or older in DYS or provider-run facilities may give consent to treatment for drug dependency. No other consent, such as parental consent, is needed in these three situations.

In a non-emergency, to administer extraordinary medical treatment to a youth under age 18, DYS must obtain parental or guardian consent or seek prior judicial approval. For psychotropic medications to be administered to a DYS client under age 18, parents or legal guardians must complete a separate consent form.

In some cases, however, parental or guardian authority may have been limited by state law or by an agreement between parents and the Department of Children and Families. Determining whether care constitutes “extraordinary medical treatment” requires examining a number of factors outlined in DYS regulations. Such care includes all medications prescribed for psychiatric or behavioral treatment.
In an emergency, medical providers may administer medical treatment without consent from the youth, the youth’s parent or DYS.\textsuperscript{55} A medical emergency is a situation where failure to take immediate action would place a child at substantial risk of imminent death, or serious emotional or physical injury.\textsuperscript{56} In practice DYS will likely be with the youth at the time emergency treatment is being sought, the medical provider will ask DYS to consent to the treatment, and DYS will provide that consent.\textsuperscript{57}

**Reporting medical information to parents or legal guardians**

DYS must inform parents or legal guardians of a youth under age 18 if there is a significant change in the youth’s medical treatment or conditions.\textsuperscript{58} Such changes include: refusal to accept medical treatment; change or discontinuation of psychotropic medication; and significant deterioration of a youth’s medical condition.\textsuperscript{59}

**How DYS delivers health services in secure programs**

DYS provides health services in secure programs through contracts with hospitals or health care agencies in each DYS region:

- Metro Region -- Boston Children’s Hospital;
- Central Region -- University of Massachusetts Medical School;
- Northeast Region -- Lowell Community Health Center;
- Southeast Region -- Health Imperatives;
- Western Region -- Baystate Medical Center.\textsuperscript{60}

As of 2007, these contracts provided primary care delivered on-site by health staff during daytime hours, Monday through Friday, and Saturday mornings.\textsuperscript{61}

All DYS clients have access to a sick call at least three days per

\textsuperscript{55} 109 CMR 11.04(3); DYS Policy # 2.5.4, Authorization for Medical Care (Mar. 14, 2000), Policy section.
\textsuperscript{56} 109 CMR 11.04(1); see also DYS Policy # 2.5.4, Authorization for Medical Care (Mar. 14, 2000), Procedures, A.2 (emergency treatment is medical, dental or psychiatric treatment that is recommended immediately and that, if postponed, may result in permanent injury, loss of function, or death).
\textsuperscript{57} Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007).
\textsuperscript{58} DYS Policy # 2.5.4, Authorization for Medical Care (Mar. 14, 2000), Procedures, B.9.
\textsuperscript{59} DYS Policy # 2.5.4, Authorization for Medical Care (Mar. 14, 2000), Procedures, B.9.
They also are offered HIV counseling and testing.\(^{63}\)

**Access to medical specialists and promoting continuity of care**

DYS policy is to preserve continuity of medical care whenever possible.\(^ {64}\) The Health Services staff associated with the youth’s program determines the need for and chooses a qualified medical specialist.\(^ {65}\) When possible and safe to do so, DYS shall continue pre-existing relationships with medical specialists.\(^ {66}\) Moreover, when a newly committed youth has a chronic illness, DYS policy is to preserve pre-existing medical relationships whenever possible.\(^ {67}\) DYS will determine how to transport and maintain security for a client to access specialty care.\(^ {68}\)

**Medication**

Medication prescribers prescribing new medication to the youth must explain to him certain information: the purpose of the medication; the benefits and risks of taking (and not taking) the proposed medication; how to take the medicine; cautions and possible side effects; and alternative treatments.\(^ {69}\)

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\(^{64}\) DYS Policy # 2.5.6, Access to Diagnostic Services, Consultants, and Continuity of Care (Aug. 25, 2000), Policy section.

\(^{65}\) DYS Policy # 2.5.6, Access to Diagnostic Services, Consultants, and Continuity of Care (Aug. 25, 2000), Policy section.

\(^{66}\) DYS Policy # 2.5.6, Access to Diagnostic Services, Consultants, and Continuity of Care (Aug. 25, 2000), Policy section.

\(^{67}\) DYS Policy # 2.5.7, Continuity of Care (Mar. 14, 2000), Policy section.

\(^{68}\) DYS Policy # 2.5.6, Access to Diagnostic Services, Consultants, and Continuity of Care (Aug. 25, 2000), Policy section; Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007).

\(^{69}\) DYS Policy # 2.5.15(b), Medication Administration (Jan. 30, 2010), E.2.
Tip for families: It is in most cases good practice for doctors working for DYS to speak with a youth's family and/or the youth's treating physician/psychiatrist in the community before adding or changing medications. However, once parents or legal guardians provide consent to routine medical care, prescribers may add new medications (excluding medications that constitute extraordinary medical treatment such as psychotropics) or adjust existing medications without first having such conversations. Similarly, once a parent or legal guardian (or, in certain circumstances, the youth) provides consent to extraordinary treatment or a court-ordered treatment plan is obtained, a doctor may act (within the limits of the consent or court order), without further consultation with family or the youth’s community clinician.

The topic of medication is discussed in greater detail in Chapter 13, Mental Health and Substance Abuse Services During Confinement.

Isolation for medical reason

If a youth becomes ill and is contagious (that is, he can give the sickness to others), DYS may keep him in isolation, apart from the other children. However, the staff must observe the ill youth during this time to make sure that there are no psychological effects of this isolation. Such observation is in accordance with the DYS Suicide Assessment Policies.

If the parent or legal guardian of a youth under age 18 does not consent to treatment for a disease that is considered dangerous to the public health, a court order will be sought to force treatment. Similarly, if a youth age 18 or older does not consent to treatment for such a disease, he may be brought to court in order to force treatment.

Health care insurance programs

This brief discussion covers both public and private health insurance programs. This section focuses most closely on one type of publicly-funded program, Medicaid. For more information on health insurance, including Medicaid, see Chapter 18, Health Insurance and Other Health Care Funding Sources in the Community.
Medicaid

Medicaid generally

Medicaid is a government program that pays for health care for uninsured or underinsured children from low income families and for children with disabilities. In Massachusetts, the Medicaid program is called “MassHealth.” The state agency responsible for administering the Medicaid program is the Executive Office of Health and Human Services (EOHHS). The division within EOHHS that administers Medicaid is called the Office of Medicaid. For more information on MassHealth, see http://www.mass.gov/masshealth/.

Entering DYS custody

Upon entering DYS custody, DYS detained and committed youths are enrolled in MassHealth. To accomplish this, DYS sends MassHealth, on a daily basis, the names of youths that have entered DYS custody. MassHealth responds by giving each youth what is called “presumptive eligibility.” Each youth is enrolled as a family of one with no income. All enrolled youths receive a MassHealth number.

Enrollment occurs whether or not the youth had MassHealth or some other type of health insurance prior to his involvement with DYS. As long as a youth remains detained by or committed to DYS, he or she remains enrolled in MassHealth.

Once a detained or committed youth is enrolled in MassHealth, MassHealth determines which type of MassHealth the youth will have. Currently, MassHealth enrolls detained and committed youths in “MassHealth Standard.” This categorization dictates the level of coverage that Medicaid provides. Enrollment in MassHealth Standard means that behavioral health, medical, and dental care are all covered services.

76 Telephone communication from Robert Turillo, DYS to MHLAC (Feb. 22, 2010).
77 Telephone communication from Robert Turillo, DYS to MHLAC (Feb. 22, 2010).
78 Telephone communication from Robert Turillo, DYS to MHLAC (Feb. 22, 2010).
79 Telephone communication from Robert Turillo, DYS to MHLAC (Feb. 22, 2010).
80 DYS, DYS Responses to MHLAC Questions (Jan. 22, 2010) (on file with MHLAC), at 5.
81 DYS correspondence to MHLAC (Jan. 14, 2008); Telephone communication from Robert Turillo, DYS to MHLAC (Feb. 22, 2010).
82 DYS correspondence to MHLAC (Jan. 14, 2008).
When DYS provides services itself versus when DYS relies on MassHealth services

In DYS hardware and staff secure settings, many of the medical and behavioral health care services are provided on site, by DYS staff or staff of providers who contract with DYS. When such staff are available, DYS relies on them for services, as opposed to pursuing MassHealth funded services. In such cases, it is DYS who pays for the care.

For example, in hardware secure settings, DYS and its contracted providers have on-site medical and behavioral health care. In staff secure settings, DYS provides behavioral health care. In either type of setting, if a youth requires a mental health assessment, DYS conducts and pays for that.

However, in some staff secure settings, DYS providers use local, off-site medical providers, for which they bill MassHealth. More generally, in staff secure settings, if a youth needs a MassHealth service for medical care, that can be arranged.

One other MassHealth service that might be accessed by committed youths in DYS staff secure facilities is Mobile Crisis Intervention, which provides emergency evaluation and intervention 24/7 at the youth’s location in the event of a behavioral health crisis. While in general, as stated above, DYS provides behavioral health services on site in DYS staff secure facilities, DYS will access Mobile Crisis Intervention when additional intervention, including level of care assessment, is needed.

There are some medical services that DYS does not provide in any of its settings. These services include pharmacy services (including for behavioral health medications) and acute medical care (including behavioral health care) requiring hospital services. (DYS has no hospital among its facilities.) Thus, DYS does not provide these services, but obtains them from outside providers. MassHealth pays for these services.

83 Telephone communication from Robert Turillo, DYS to MHLAC (Feb. 22, 2010).
84 Telephone communication from Robert Turillo, DYS to MHLAC (Feb. 22, 2010).
85 Telephone communication from Robert Turillo, DYS to MHLAC (Feb. 22, 2010).
86 Telephone communication from Robert Turillo, DYS to MHLAC (Feb. 22, 2010).
89 Telephone communication from Robert Turillo, DYS to MHLAC (Feb. 22, 2010).
No federal Medicaid funds for inmates of public institutions

One reason DYS provides many medical services on site is that federal law prohibits the federal government from providing federal Medicaid dollars to “an inmate of a public institution.”90 (MassHealth services are funded by state and federal dollars; this prohibition applies only the federal dollars.) DYS has interpreted this prohibition to mean that youths confined to its hardware secure facilities cannot access federal Medicaid dollars.91 All DYS detention facilities and many facilities for committed youth are hardware secure. Thus, the prohibition affects DYS involved youths while they are in such settings. However, despite being unable to access federal Medicaid reimbursement, DYS involved youths in a hardware secure setting remain enrolled in MassHealth.92

Further, youths who are held by DYS who leave hardware secure settings such as for emergency medical care are not subject to this restriction.93 For example, youths taken to a hospital after arrest but before entering a DYS detention facility and youths transferred from DYS detention to a hospital for treatment do not qualify as inmates and can access federal Medicaid dollars upon enrollment in MassHealth.94 Similarly, youths in DYS detention facilities awaiting foster care or group home placement may not be subject to this restriction.95

Additionally, once a youth moves from a DYS hardware secure setting to a DYS staff secure setting, he can access federal Medicaid dollars to pay healthcare expenses.96 Thus, committed youths in hardware secure DYS facilities are not eligible to receive federal MassHealth dollars, but committed youths in staff secure facilities may receive such dollars.

Choosing a health plan once enrolled in Medicaid (MassHealth)

After a youth is detained or committed and enrolled in MassHealth Standard, the youth has a choice of insurance plan: MassHealth’sPrimary Care Clinician (PCC) plan or one of MassHealth’s Managed Care Organization (MCO) plans.

92 Telephone communication from Robert Turillo, DYS to MHLAC (Feb. 22, 2010).
93 Youth Law Center, Medicaid for Youth in the Juvenile Justice System (Aug. 2006) at 3 (on file with MHLAC); Telephone communication from Robert Turillo, DYS to MHLAC (Feb. 22, 2010).
94 See 42 CFR § 436.1005(a)(1); 42 CFR § 435.1010; Youth Law Center, Medicaid for Youth in the Juvenile Justice System (Aug. 2006) at 3 (on file with MHLAC).
95 See 42 CFR § 436.1005(a)(1); 42 CFR § 435.1010; Youth Law Center, Medicaid for Youth in the Juvenile Justice System (Aug. 2006) at 3 (on file with MHLAC).
96 Youth Law Center, Medicaid for Youth in the Juvenile Justice System (Aug. 2006) at 3 (on file with MHLAC).
The PCC plan is state-managed and available state-wide. The state contracts with a private company, the Massachusetts Behavioral Health Partnership (the “Partnership” or “MBHP”) to administer coverage of these services. (The Department of Mental Health has a role in overseeing the Partnership’s management of these behavioral health services.) Under this arrangement, MassHealth pays the Partnership a monthly fee for each member of the PCC plan, and the Partnership establishes a network of behavioral health providers, authorizes services, and pays providers.97 Under this arrangement, medical services other than behavioral health services continue to be paid for directly by Medicaid and are provided through MassHealth’s network of clinicians.

The other insurance plans available to DYS involved youth are offered by MCOs covering certain geographic areas. These MCOs are Fallon, Neighborhood Health Plan, Boston Medical Center (BMC) HealthNet, Network Health, and Health New England. BMC HealthNet and Network Health manage their own mental health and substance abuse benefits. Fallon and Neighborhood Health, contract with Beacon Health Strategies to managed mental health and substance abuse coverage. Health New England contracts with MBHP to managed those types of coverage.

If a youth doesn’t select one of these PCC or MCO insurance plans upon DYS commitment and enrollment in MassHealth, he will automatically be enrolled in a PCC plan. In that case, his behavioral health care will be managed by the Massachusetts Behavioral Health Partnership. Medical services are paid for directly by Medicaid and are provided through MassHealth’s network of clinicians.98

DYS involved youths who are enrolled in the PCC plan are treated differently than members of the general population who select the PCC plan. While normally, enrollees who select the PCC plan must select a Primary Care Provider (PCP) and then obtain services from within that PCP’s panel of providers, DYS involved youths do not have to select a PCP.99 Since DYS involved youths move around the state more frequently than the general population, such a practice would be difficult to apply. Instead, DYS involved youths may access services from a PCP provider in the area where they are located. The provider chosen may be, for instance, the provider relied upon by the program in which the DYS involved youth is placed.100

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99 Telephone communication from Robert Turillo, DYS to MHLAC (Feb. 22, 2010).
100 Telephone communication from Robert Turillo, DYS to MHLAC (Feb. 22, 2010).
Tip for families: If your child has behavioral health issues and is newly enrolling in MassHealth, the Partnership may be a better insurance plan choice than one of the MCO plans as the Partnership has a better reputation for how they manage the delivery of their services.

Private health insurance

When a youth has private health insurance through his family, this insurance, to the extent that coverage is available, must be used prior to drawing on Medicaid dollars. The Massachusetts mental health parity law, requiring some private insurers to pay for certain mental health services, does not require those private insurers to pay for mental health services for youths in DYS custodial facilities when those services are covered by other health insurance plans (such as MassHealth).

Tip for families: Despite the potential limits of coverage that may exist, it is probably a good idea to maintain private health insurance for your child (even if your child is age 18 or older) if it is affordable and provides a rich array of benefits with low co-pays and deductibles.

Other state agency health care services

As earlier sections in this chapter explain, DYS involved youths in custody receive health care services from DYS. In addition, DYS involved youths may be able to get health care services from state agencies other than DYS.

For example, a youth who is a DMH client and needs mental health services may receive such services through DMH. These services may be available in addition to mental health services paid for by public or private insurance.

Similarly, a youth who require substance abuse treatment may be able to receive certain treatment services from the Department of Public Health’s Bureau of Substance Abuse Services (BSAS). Specifically,

101 109 CMR 11.22(9).
BSAS funds some residential treatment programs. These services may be available in addition to substance abuse services paid for by public or private insurance.