

# **MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH SERVICE PLANNING**

**Prepared by the Mental Health Legal Advisors Committee  
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## **General provisions for all Massachusetts Department of Mental Health (DMH) service planning**

DMH service planning activities should incorporate the strengths, preferences and needs of the client and if appropriate their families or caretakers and include assessment and the development and review of individual service plans (ISPs) and individual action plans (IAPs).<sup>1</sup>

### **When does a DMH client receive an ISP and when does a client receive an IAP?**

If a DMH client has a DMH case manager, then the client will have an ISP.<sup>2</sup>

If a DMH client receives DMH community services, the client will have IAPs for each of those services.<sup>3</sup>

If a DMH client has DMH community services only and no DMH case manager, the client will only have IAPs.<sup>4</sup>

### **What are the components of DMH service planning in general?**

The components include:

- conducted in the client's preferred language by staff fluent in the language or by competent interpreters;
- strength-based, person centered or when appropriate, family centered;
- sensitive and responsive to a client's cultural, ethnic, linguistic background, sexual orientation, gender differences, parental status, and other individual needs of the client;
- based on the results of assessments which are reviewed and modified as the client's needs or circumstances change; and
- based on information obtained through interactions with the client, or when appropriate, the client's family or caretakers, or the client's other service providers with the appropriate authorizations, as well as previous records as available.<sup>5</sup>

### **What are the goals of DMH service planning?**

The goals include, to:

- promote client recovery and resiliency;
- identify the services that a client needs;
- facilitate or provide access to those services; and

- ensure that the provision of services is consistent with the client's needs, strengths and preferences and is provided in the least restrictive setting possible, and promotes community participation to the fullest extent possible.<sup>6</sup>

### **What are rights of client and families in the service planning process?**

Clients will be:

- engaged and supported to participate actively in the planning process to the maximum extent possible;
- present at all applicable planning and review meetings, unless they are unwilling or unable to attend;
- encouraged to invite family members or other persons of the client's choice to participate; and
- encouraged to identify and discuss their goals and preferred services and programs during planning meetings and shall otherwise be supported to participate in a meaningful way in the discussions and decision-making process.<sup>7</sup>

### **What if clients are unable or unwilling to take part in a meaningful way?**

When clients are unable or unwilling to take part in a meaningful way in planning activities, action should be taken by DMH to minimize obstacles to such participation. This shall include but not be limited to:

- developing plans for increasing the ability of clients to participate;
- modifying the schedule or structure of the meetings or making other accommodations designed to increase client participation;
- educating clients to facilitate and increase their participation; and
- continuing to engage clients in ways that assist them to make choices regarding their services to the maximum extent possible.<sup>8</sup>

### **What is the ISP based on?**

The ISP is based on a comprehensive assessment of service needs.<sup>9</sup> The case manager must conduct this assessment within 20 days of assignment, unless an extension is granted by the Area Director or designee.<sup>10</sup> The regulations set out what must be part of the assessment.<sup>11</sup> The comprehensive assessment of service needs shall include:

- review of the documents submitted with the client's application and other records, as needed;
- a personal interview with the client that will include, but not be limited to, identification of the client's service preferences and recovery goals;
- an interview with the client's legally authorized representative;
- interviews with other persons as agreed upon by the case manager and the client or his or her legally authorized representative, and shall be documented using a Department-approved report form.<sup>12</sup>

## **How are ISPs developed?**

An ISP shall identify strengths, needs, goals, and services and programs that address the needs of the client (both DMH and other public and private services).<sup>13</sup>

Services must be consistent with the client's service needs, strengths and preferences to the maximum extent possible, and shall be provided in the least restrictive setting.<sup>14</sup>

The ISP shall be developed with the fullest possible coordination with the client's other services, including educational services.<sup>15</sup>

Services provided shall be based on client's needs and preferences as identified in the assessment and on the availability of services.<sup>16</sup>

If services are not available, the plan must identify other available services which are to the maximum extent possible, consistent with the client's needs and preferences and are provided in the least restrictive setting.<sup>17</sup>

## **Convening the ISP meeting**

The case manager must convene a meeting of all interested parties within ten days of the completion of the needs assessment.<sup>18</sup> The case manager must invite the client and the client's legally authorized representative, current and potential service providers, other DMH staff, and any other person whose participation is requested or consented to by the client or representative.<sup>19</sup>

## **What is discussed at the ISP meeting?**

At the ISP meeting the following topics should be discussed:

- the client's goals;
- the preferences of the client and the client's legally authorized representative regarding services;
- the client's needs in the context of his or her assessed strengths;
- recommended services for the client;
- currently available services, including those provided by or available from other agencies or entities;
- potential and present service providers;
- dates, actual or anticipated, for commencement of each service;
- the steps necessary to complete and implement the individual service plan;
- a description of the financial assistance and services from federal, state and local agencies available to the client, including any benefits to which the client may be entitled but is not currently receiving;
- the client's need for a guardian or a financial fiduciary.<sup>20</sup>

## **What if the ISP meeting members recommend services funded by DMH but not previously authorized?**

Authorization for DMH services recommended in the ISP that have not been previously authorized shall be obtained from the Area Director or designee within five days of the individual service plan meeting.<sup>21</sup>

After authorization for DMH services that have not been previously authorized is obtained, the individual service plan will be given to the client and his or her legally authorized representative for acceptance or rejection in accordance with 104 CMR 29.08.<sup>22</sup>

## **Accepting or rejecting an ISP**

Once the ISP is complete, DMH gives it to the client to accept or reject.<sup>23</sup> If the client accepts it, it will be implemented.<sup>24</sup> If the client doesn't object within 20 days, the ISP is implemented.<sup>25</sup> If the client rejects some or all of the plan, the client may meet with the case manager within five days of rejection to discuss changes.<sup>26</sup> If an agreement is not reached, the client may appeal.<sup>27</sup> Meanwhile, DMH may implement the accepted parts immediately, if appropriate.

## **Annual review of an ISP**

The case manager must initiate an annual review no later than 12 months from the date of the last completed or substantially modified ISP.<sup>28</sup> The purposes of the review are:

- to ensure that services are, to the maximum extent possible, consistent with the client's preferences, and provided in the least restrictive setting;
- to ensure that services are consistent with the client's needs and strengths as identified in the comprehensive assessment of needs;
- to reassess, if appropriate, the client's need for a guardian, or a financial fiduciary; and
- to ensure that IAPs continue to be compatible with the ISP.<sup>29</sup>

## **What must happen at the annual review meeting?**

At the meeting or, if a meeting has been waived, by other means, the case manager shall consider and also inquire of each person:

- whether the client continues to meet the criteria for DMH services;
- whether the services provided continue to be consistent with the individuals' needs and the ISP goals;
- whether there has been progress toward the goals and objectives stated in the IAPs.<sup>30</sup>

## **When must the ISP be ready after the annual review?**

The case manager must prepare the ISP within 10 days of the annual review meeting.<sup>31</sup> The case manager must give the ISP to the client or the client's representative to accept or reject.<sup>32</sup>

**What if the client doesn't act on the ISP after the annual review?**

If the client or his or her legally authorized representative doesn't object within 20 days of receipt, the ISP is considered accepted.<sup>33</sup>

**What if the client rejects the ISP after the annual review?**

The client will be informed of his or her right to meet with the case manager within five days of the rejection to discuss changes. The client has the right to appeal. Meanwhile, DMH may implement the accepted parts immediately, if appropriate.<sup>34</sup>

**Who can seek modification of ISP?**

The client, the client's representative, the client's DMH community service provider or client's case manager.<sup>35</sup>

**When may one seek a modification of an ISP?**

The above mentioned persons may seek modification of an ISP when it is determined, that such a change will permit a client to receive more appropriate or less restrictive services consistent with the client's needs or that the client no longer needs a service.<sup>36</sup>

**Can a modification be made without the client's or client's representative's acceptance?**

A modification can be made without the client's or representative's acceptance only to comply with a state contracting requirement or to avoid a serious or immediate threat to health, mental health, or safety of the client or other persons.<sup>37</sup>

**How does a client challenge a proposed or denied modification?**

A client or representative may reject and appeal a proposed or denied modification.<sup>38</sup>

No modification may be implemented if an appeal is pending without the consent of the client or representative unless it is determined that the modification is required for certain reasons stated in 104 CMR 29.10(3)(a) or (b).<sup>39</sup>

**Who gets an IAP?**

Each client who receives one or more DMH community services must have a written integrated IAP. If you have more than one such service, DMH will designate the primary DMH provider as responsible for developing the plan.<sup>40</sup>

**What are IAPs based upon?**

IAPs are based on assessments conducted or arranged for by the program that provides the community service, as appropriate.<sup>41</sup>

### **What do IAPs include?**

IAPs include measurable goals, objectives, and interventions, with timelines for completion.<sup>42</sup>

### **What happens if an IAP is accepted?**

Upon acceptance, IAPs and reviews are signed by the client or representative.<sup>43</sup>

The program gives a copy of the IAP to the client or representative, and to the client's other service providers.<sup>44</sup>

### **Does DMH get a copy of the IAP?**

If a client receives DMH case management, the DMH case manager is included in the planning activities and a copy of the IAP and modifications are submitted to the case manager. If a client is not receiving DMH case management, the client's IAP and modifications thereto are provided to DMH if DMH requests them.<sup>45</sup>

### **Acceptance or rejection of IAPs**

If the IAP is accepted, it is implemented.<sup>46</sup> If there is no objection within 20 days of receipt, the IAP is deemed accepted.<sup>47</sup>

If a client rejects some or all of an IAP, the client may meet with the program within five days of the rejection to discuss possible modifications.<sup>48</sup> If the client and program can't reach agreement, the client may appeal.<sup>49</sup>

If parts of the IAP are accepted, they will be implemented immediately, if appropriate.<sup>50</sup>

### **When are IAPs reviewed?**

IAPs are reviewed at three months, six months, and at least annually thereafter as needs change, or upon the request of the client or representative.<sup>51</sup>

### **What is the purpose of the IAP review?**

The purpose of this review is:

- to evaluate the client's progress and current status in meeting the goals set forth in the IAP; and

- to evaluate whether the services, goals, objectives, and interventions continue to be consistent with the client's needs, strengths and preferences and individual service plan, if any, and to modify the IAP as appropriate.<sup>52</sup>

### **What happens if the IAP is modified as a result of a review?**

If an IAP is modified as a result of a review, the modified IAP will be given to the client and representative for acceptance or rejection.<sup>53</sup>

### **When else can a review of the IAP occur?**

If, at any time, the community service provider determines the client has not met his or her responsibility to the extent of his or her abilities, there shall be a review of the IAP, the situation will be documented, and a plan will be developed to address the situation.<sup>54</sup> If the situation is not resolved, the client may be asked to leave the program. If asked to leave, the program director shall notify DMH and the client may request a review of the decision by the DMH Human Rights Committee or DMH Area Director.<sup>55</sup> In addition, clients may have other remedies, including protections under the Community Residence Tenancy Law.<sup>56</sup>

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## ENDNOTES

- <sup>1</sup> 104 CMR 29.06.
- <sup>2</sup> 104 CMR 29.07(1).
- <sup>3</sup> 104 CMR 29.06.
- <sup>4</sup> 104 CMR 29.06.
- <sup>5</sup> 104 CMR 29.06(1).
- <sup>6</sup> 104 CMR 29.06(2).
- <sup>7</sup> 104 CMR 29.06(3).
- <sup>8</sup> 104 CMR 29.06(4).
- <sup>9</sup> 104 CMR 29.07(2)).
- <sup>10</sup> 104 CMR 29.07(2)(a).
- <sup>11</sup> 104 CMR 29.07(2)(b).
- <sup>12</sup> 104 CMR 29.07(2)(b).
- <sup>13</sup> 104 CMR 29.07(3)(a)1.
- <sup>14</sup> 104 CMR 29.07(3)(a)2.
- <sup>15</sup> 104 CMR 29.07(3)(a)3.
- <sup>16</sup> 104 CMR 29.07(3)(a)4.a. and b.
- <sup>17</sup> 104 CMR 29.07(3)(a)4.b.
- <sup>18</sup> 104 CMR 29.07(3)(b)1.
- <sup>19</sup> 104 CMR 29.07(3)(b)1.
- <sup>20</sup> 104 CMR 29.07(3)(b)2.
- <sup>21</sup> 104 CMR 29.07(3) (d)
- <sup>22</sup> 104 CMR 29.07(3)(c)
- <sup>23</sup> 104 CMR 29.08(1).
- <sup>24</sup> 104 CMR 29.08(1)(a).
- <sup>25</sup> 104 CMR 29.08(1)(b).
- <sup>26</sup> 104 CMR 29.08(1)(c).
- <sup>27</sup> 104 CMR 29.08(1)(c).
- <sup>28</sup> 104 CMR 29.09(1).
- <sup>29</sup> 104 CMR 29.09(1).
- <sup>30</sup> 104 CMR 29.09(3)
- <sup>31</sup> 104 CMR 29.09(4)(a).
- <sup>32</sup> 104 CMR 29.09(4)(c).
- <sup>33</sup> 104 CMR 29.09(4)(c)2.
- <sup>34</sup> 104 CMR 29.09(4)(c)3.
- <sup>35</sup> 104 CMR 29.10(1).
- <sup>36</sup> 104 CMR 29.10(2).
- <sup>37</sup> 104 CMR 29.10(3)(b).
- <sup>38</sup> Appeal is pursuant to 104 CMR 29.16.
- <sup>39</sup> 104 CMR 29.10(4).
- <sup>40</sup> 104 CMR 29.11(1).
- <sup>41</sup> 104 CMR 29.11(2)(a).
- <sup>42</sup> 104 CMR 29.11(2)(b).

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<sup>43</sup> 104 CMR 29.11(2)(c).  
<sup>44</sup> 104 CMR 29.11(2)(d).  
<sup>45</sup> 104 CMR 29.11(2)(e), (f).  
<sup>46</sup> 104 CMR 29.12(1)(a).  
<sup>47</sup> 104 CMR 29.12(1)(b).  
<sup>48</sup> 104 CMR 29.12(1)(c).  
<sup>49</sup> 104 CMR 29.12(1)(d). Appeal is pursuant to 104 CMR 29.16.  
<sup>50</sup> 104 CMR 29.12(2).  
<sup>51</sup> 104 CMR 29.13(1).  
<sup>52</sup> 104 CMR 29.13(1) (a).  
<sup>53</sup> 104 CMR 29.13(2).  
<sup>54</sup> 104 CMR 29.13 (4).  
<sup>55</sup> 104 CMR 29.13 (4) (C).  
<sup>56</sup> Mass. Gen. Laws Ch. 186, §17A; 104 CMR 29.13 (4) (E).