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MA Executive Office of Health & Human Services
c/o D. Briggs
100 Hancock Street, 6th Floor
Quincy, MA 02171
masshealthpublicnotice@mass.gov

RE: Comments on proposed amendments to 130 CMR 429.000: Medical Assistance Program: Mental Health Center

To Whom it May Concern:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for the opportunity to comment on the proposed amendments to 130 CMR 429.000: Medical Assistance Program: Mental Health Center. We appreciate the Executive Office of Health and Human Services' (EOHHS') and MassHealth's leadership in developing a system of behavioral health urgent care for the Commonwealth, as well as expanding the scope of reimbursable services that may be provided by a mental health center. We are also grateful as the proposed amendments will improve the services MassHealth members will receive at mental health centers. Thank you for your consideration of the following comments offered to further strengthen the proposed amendments:

429.402: Definitions

Adverse Incident – There also may be adverse incidents related to the actions of an individual who isn't technically a staff member, but who is present within an entity or a subcontractor of an entity. "Staff member" is not defined.

Behavioral Health Disorders – This definition should be changed to "Behavioral Health Conditions" and "mental health conditions" instead of "mental health disorders" should be used throughout. The word "disorders" is stigmatizing. If individuals have physical health conditions, like diabetes or psoriasis, they aren't considered disorders. Parallel language should be used for mental health.

Case Consultation – The word "scheduled" should be deleted as it is too limiting. For instance, given Community-Based Behavioral Health Center's (CBHC's) requirements to offer walk-in appointments, providers will need more flexibility for case consultation beyond "scheduled" meetings only. Please also consider text consultations, as well as adding language for people who are deaf or hard of hearing.

Certified Peer Specialist – The definition of Peer Recovery Coach includes individuals with "lived experience with addiction and/or co-occurring mental health disorders." We suggest changing "disorders" to "conditions." We also suggest changing the definition of Certified Peer Specialist to include "lived experience with mental health conditions and/or co-occurring addiction."

Crisis Intervention – Crisis intervention should be more broadly defined than "evaluation." The service

should include crisis assessment, intervention, and stabilization services.

Home Visits – A place where an individual resides or sleeps might not be their residence. Are home visits available to individuals who are unhoused or who have housing instability?

Mental Health Disorder - The word "disorders" is stigmatizing. If individuals have physical health conditions, like diabetes or psoriasis, they aren't considered disorders. Parallel language should be used for mental health. Please change to "Mental Health Conditions."

Preventive Behavioral Health Services – The definition here is quite narrow and will limit access to preventive services. For instance, must preventive services be delivered in a group? Must preventive services be recommended by a licensed practitioner? If an individual would benefit from coping skills and strategies, that could also be identified and delivered by a non-licensed practitioner.

Quality Management Program – The program is not so much intended to address "cultural, ethnic, and language differences" as it is intended to address different needs. Please also consider adding cultural responsiveness related to race and LGBTQ+ identification.

Recovery Support Navigator – Consider adding "and evidence-informed" after "evidence-based." Please also clarify the intent of the techniques, that is to promote wellness and recovery.

Release of Information – Please add "or authorized representative" after "patient."

Substance Use Disorder – Please see comment above under "Mental Health Disorder."

Urgent Behavioral Health Needs – In addition to "emerging intent of self-injury," please add "self-destructive behavior." This account for behavioral less severe than self-injury.

429.404: Provider Eligibility

Behavioral Health Urgent Care Provider Eligibility – "Urgent Behavioral Health Needs" are defined above, however, will there be external review of providers' categorization of presented needs. We want to make sure that agencies don't evade the requirement to serve those with urgent needs and that individuals receive care in a timely manner.

Behavioral Health Urgent Care Provider Eligibility – Urgent appointments for Medication for Addiction Treatment (MAT) evaluation should be available in less than 72 hours of an initial diagnostic evaluation. Entities should be prepared to initiate MAT when the window of opportunity opens for an individual. With services like the MA Consultation Service for Treatment of Addiction and Pain (MCSTAP) we have enhanced capacity for timely initiation in the Commonwealth. A time frame of 24 or 48 hours is recommended (instead of 72 hours) for MAT evaluation and initiation.

429.406 – Required Notifications and Reports

Staffing and Personnel Reports – We recommend that MassHealth also require data on the number of patients served and FTEs for those services to understand if staffing levels are sufficient.

Adverse Incident Reports – In addition to adverse event reports, is there a complaint process for individuals and families? If so, agencies should be required to report on the nature of the complaints and their resolution. In terms of Adverse Incident Reports, what is MassHealth's responsibility once these

incidents are reported?

429.410 – Nonreimbursable Services

Nonmedical Services – Under “life enrichment services” it is not clear what is meant by “functioning persons.” Likewise, workshops and educations courses provide benefit beyond “ego enhancing.”

Travel Time for Outreach – Please change “home” to “place of residence.”

429.421 – Scope of Services

Diagnostic Evaluation Services, Treatment Planning Services – The treatment plan should be made with opportunity for participation by the individual and, if applicable, the individual’s authorized representative. The treatment plan should be offered to the individual and, if applicable, the individual’s authorized representative, for review and acceptance. Treatment plans also should be updated upon request of the individual and/or the individual’s authorized representative.

Diagnostic Evaluation Services, Case and Family Consultation and Therapy Services, Pharmacotherapy Services – Pharmacotherapy services also should include counseling about thoughts and concerns on medication use. Pharmacotherapy services also should include medication withdrawal services.

Diagnostic Evaluation Services, Case and Family Consultation and Therapy Services, Crisis Intervention Services – Recommend addition of text capacity to reach all populations.

429.422 – Staff Composition Requirements

Minimum Staffing Composition – We recommend that certified peer specialists and certified peer recovery coaches be added to the list of required staff.

429.423 – Supervision, Training, and Other Staff Requirements

Staff Supervision Frequency – We recommend further clarification here. For instance, can supervision be simultaneous or sequential? What is meant by continuous? In addition to telehealth, how else can supervision be provided?

Staff Training – We also recommend staff training on implicit bias on race, ethnicity, age, gender, and sexual orientation. There should also be training on suicide prevention, as well as training on patient rights, including the rights of minors.

429.434 – Schedule of Operations

(B) Open Hours – We recommend clarifying that “open at least 20 hours a week” means that the facility must be physically open at least 20 hours a week.

(D) Behavioral Health Urgent Care – We recommend clarifying that extended availability during weekdays and on weekends entails the facility being physically open during those hours. We also suggest that there be more than two four-hour blocks of urgent care availability on weekends each month.

429.436 – Recordkeeping Requirements

(B) Members Records, (4) Brief History for Emergency and Walk-In Visits – It is not clear whether this

means that all the requirements of (3) still need to be followed. It would seem that many of the requirements in (3) would still apply. Is (4) just modifying the requirement in (3)(g), that is, "the relevant medical, psychosocial, educational and vocational history?"

(D) Availability of Records – The records also should be made available to the individual, and if appropriate, to the individual's authorized representative, upon request.

429.437 – Written Policies and Procedures

Each health center also should have a formal patient compliant process and a patient rights policy.

429.440 – Outreach

Recommend language change from "home visits" to "visits where the individual is residing" in the event that the individual is unhoused or has housing instability.

429.441 – Service Limitations

Case Consultation – Can personal meetings also be conducted by text? Please also add language for communication services for people who are deaf or hard of hearing.

Psychological Testing – We recommend adding language that the individual and, if applicable, their authorized representative, consent to testing.

Thank you again for your leadership in strengthening services provided to MassHealth members in mental health agencies. Should you have any questions, or would like additional information, please contact us at dannamauch@mamh.org, jenniferhonig@mamh.org, and jessicalarochelle@mamh.org.

Sincerely,

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