

**DEPARTMENT OF MENTAL HEALTH  
COMMUNITY BASED FLEXIBLE SUPPORTS SERVICES  
INFORMATIONAL POSTING**

**NOVEMBER 7, 2008**

The following is a brief summary of the Department of Mental Health's (DMH) proposed service and pricing model for its new activity code Community Based Flexible Supports (CBFS) services. It is being posted for informational purposes only and should not be relied upon in preparing responses to DMH's upcoming procurement of services.

We are inviting Interested Parties to review and comment on this service and pricing model. DMH Commissioner Barbara Leadholm will conduct three public forums to receive comments on the following dates and locations:

December 1, 2008 12 pm to 2 pm	Taunton State Hospital, Ricky Silvia Gymnasium
December 2, 2008 10 am to 12 pm	Lindemann Center, Boston Room, 25 Staniford Street Boston, MA
December 4, 2008 11:30 am to 1:30 pm	Westboro State Hospital, Rodrigues Auditorium

Directions can be found on the DMH Website at [www.mass.gov/dmh](http://www.mass.gov/dmh)

If you plan to attend one of the Public Forums and need special accommodations please contact Michleen Rygiel at [michleen.rygiel@state.ma.us](mailto:michleen.rygiel@state.ma.us).

If an Interested Party is unable to attend comments may be submitted by hardcopy or electronically by the close of business on December 4, 2008.

Comments should be submitted to:

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**CBFS Activity Code**

CBFS is a new service activity code for DMH. CBFS contractors will be responsible for providing treatment, rehabilitation, support and supervision to a defined set of DMH clients in the Area. CBFS services are designed to increase client's capacity for independent living and their recovery from mental illness. CBFS contractors will individualize the delivery of services in partnership with each client. A contractor will be

**DEPARTMENT OF MENTAL HEALTH  
COMMUNITY BASED FLEXIBLE SUPPORTS SERVICES  
INFORMATIONAL POSTING  
NOVEMBER 7, 2008**

required to adjust the mix and intensity of CBFS services provided to individual clients to meet their changing needs and goals as they move toward recovery and to coordinate CBFS services with the client's other DMH services and, to the extent feasible non-DMH services.

The CBFS activity code will replace in full the following existing DMH adult activity codes: 3049 Residential Services; 3059 Community Rehabilitative Support (CRS); and 3013 Rehabilitative Treatment in the Community (RTC).

CBFS contractors will be expected to provide the full array of CBFS services directly or through subcontracts, affiliate agreements or other arrangements approved by the applicable DMH Area Office. The role of DMH, relative to CBFS, will be to award contracts, determine client eligibility, refer clients, monitor client outcomes and activities, engage in collaborative risk management with clients and contractors, perform utilization review and contract management activities, and reimburse contractors for services rendered.

### **CBFS Procurement Goals**

DMH has two sets of overarching goals for the CBFS procurement.

**Service Delivery Goals.** The focus of CBFS service delivery is on rehabilitative interventions that facilitate recovery and achieve the following outcomes for the clients being served:

- Safe, stable housing
- Full participation in the community
- Self management
- Self determination and empowerment
- Wellness and improved physical health
- Independent employment

**Administrative Goals.** To maximize the effectiveness of available resources this procurement will be designed to achieve the following system outcomes:

- Administrative efficiencies by eliminating duplication of efforts in the service system
- Contractors paid a fair price for the services they provide
- DMH's ability to collect third party reimbursement for services rendered is enhanced, but at a minimum, existing revenue streams are maintained
- An efficient system of care that is supported by meaningful utilization management and financial oversight

**DEPARTMENT OF MENTAL HEALTH  
COMMUNITY BASED FLEXIBLE SUPPORTS SERVICES  
INFORMATIONAL POSTING  
NOVEMBER 7, 2008**

- An integrated and flexible system of care that is driven by clinical, rehabilitative, and recovery expertise

**CBFS Service Description**

CBFS will be the cornerstone of DMH's community mental health system for adults. It will be the service most DMH community adult clients receive. Through the procurement of CBFS, DMH intends to continue the transformation of its adult community based system of care into one that embraces the values of recovery and resiliency which emphasize rehabilitation and person-centered care. The flexible nature of CBFS is consistent with these values and allows for services to be offered in a manner that cultivates resiliency and recognizes, encourages, nurtures and supports each client's path to recovery.

In addition to specific service specifications each CBFS contractor will fully integrate into its service model the following:

- Assessments, service planning and delivery of services in collaboration with clients utilizing a person-centered planning process.
- A trauma informed approach to service planning and service delivery necessary to meet individual client recovery goals. Effective trauma informed care includes an understanding of a client's symptoms in the context of the client's life experiences and history, social identity and culture.
- The recognition that growth and recovery involve taking reasonable risk and that clients must be supported through that process.
- Services are individualized and provided, to the extent feasible, in the least restrictive clinically appropriate setting using the least intrusive interventions.
- Services are sensitive and responsive to cultural, ethnic, linguistic, sexual orientation, gender differences, parental status and other special needs of the clients.
- A focus on and awareness of employment and clients who are employed, or interested in employment, are supported in maintaining or obtaining such. The principles of the Individual Placement and Support (IPS) model of supporting employment are embedded into all aspects of the contractor's service model. *Becker, D.R. and Drake, R.E. (1993) Awakening Life: The Individual Placement and Support (IPS) Program, N.H.: New Hampshire-Dartmouth Psychiatric Research Center.* The key principles of the IPS model are (a) participation is based on client choice, no one is excluded who wants to participate; (b) supported employment is integrated

**DEPARTMENT OF MENTAL HEALTH  
COMMUNITY BASED FLEXIBLE SUPPORTS SERVICES  
INFORMATIONAL POSTING  
NOVEMBER 7, 2008**

with treatment, (c) employment specialists collaborate with clinicians to ensure that employment is part of the treatment plan; (d) job search starts as soon as a client expresses interest in working; (e) follow-along supports are continuous as long as the consumer wants the assistance; (f) client preferences are important; and (g) benefits counseling is part of the employment decision-making process.

- Physical wellness is promoted by facilitating access to needed medical and dental services and by promoting a culture of wellness.
- Peer-to-peer services and peer-to-peer education is embraced and cultivated.
- Working relationships with other relevant community organizations and natural supports are developed and maintained to help facilitate clients leading full lives in the community with the support networks of their choosing.
- Evidenced based practices and best practices are investigated and implemented when appropriate.

CBFS encompasses three key service components: Rehabilitation and Treatment, Supervision, and Support. In addition, CBFS contractors will be responsible for client screenings, assessments and integrated treatment planning; quality and utilization management; data collection and reporting; service documentation and discharge planning.

Each CBFS contractor will be required to have the capacity to provide, directly or through subcontracts, the full array of CBFS services. A contractor will be required to adjust the mix and intensity of CBFS services provided to individual clients to meet their changing needs and goals as they move toward recovery. The individual clients served will change as new clients enter the service system and current clients achieve their recovery goals and are discharged or otherwise leave the applicable service area or DMH.

The contractor will have the responsibility and the authority for making decisions about utilization, resource allocations and service delivery. Such decisions will not be subject to prior approval of DMH. DMH will measure performance through outcomes aimed at client and administrative goals and through quality and utilization reviews.

CBFS contractors will be compensated for services rendered on a unit rate basis as described in the pricing model below.

**DEPARTMENT OF MENTAL HEALTH  
COMMUNITY BASED FLEXIBLE SUPPORTS SERVICES  
INFORMATIONAL POSTING  
NOVEMBER 7, 2008**

**Service Specifications**

CBFS contractors will provide Rehabilitation and Treatment, Support, and Supervision services to their assigned clients as needed to facilitate each client's recovery in a safe and clinically appropriate manner. Key features of CBFS are: person-centered planning, flexibility, movement towards independence and community integration, and service coordination across the continuum of services needed by the clients served. The service components and other service features are described below.

**Rehabilitation and Treatment:** "Medical and remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under state law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level." (Title XIX, Social Security Act). For a service to be considered Rehabilitation and Treatment, it must be identified as a rehabilitative service in the client's Integrated Action Plan and have a duration for authorized services based on the client's assessed needs and anticipated progress. Examples of Rehabilitation and Treatment include, but are not limited to, the following activities performed in partnership with the client.

- a. Develop recovery strategies and provide the opportunity for clients to learn and use recovery oriented tools and interventions
- b. Symptom management and/or supportive counseling
- c. Medication education, training and support
- d. Skills training and support regarding the management of co-occurring disorders, such as substance abuse, eating disorders, gambling addiction, nicotine addiction, etc.
- e. Problem-solving related to activities of daily living to assist clients to regain and utilize skills related to personal hygiene, household tasks, transportation utilization and money management
- f. Social or recreational skill training to improve communication skills, manage symptoms, and facilitate appropriate interpersonal behavior
- g. Pre-vocational related services that are not job specific, that assist clients to regain and utilize the skills necessary to undertake employment
- h. Educational support, which may include assessing the effects mental illness has had on this individual's ability to achieve educational goals within a regular timeframe
- i. Wellness promotion and support of the management of medical conditions
- j. Assistance and support to access other services as needed such as:
  - psychiatric and medical
  - entitlements and benefits
  - generic education and employment services
  - vocational/employment

**DEPARTMENT OF MENTAL HEALTH  
COMMUNITY BASED FLEXIBLE SUPPORTS SERVICES  
INFORMATIONAL POSTING  
NOVEMBER 7, 2008**

- k.** Support in exploring housing options and assistance with housing applications and housing searches
- l.** Assistance in maintaining community tenancy
- m.** Respond to changes in a client's acuity including the provision of services to avert an emotional crisis possibly leading to hospitalization
- n.** Assistance with management of client funds including serving as representative payee
- o.** Assistance with obtaining access to, or providing, transportation
- p.** Assistance with obtaining and maintaining employment

**Support:** Any of the activities listed above for Rehabilitation and Treatment could be support activities if they are performed on behalf of clients but do not meet the definition of Rehabilitation and Treatment. Other examples of activities constituting Support include, but are not limited to, the following:

- a.** Coordinate care, including participation in case conferences and family consultations
- b.** Provide reasonable furnishings and equipment to help maintain community tenancy.

**Supervision:** Activities performed by staff to help maintain a safe environment for clients. Examples of Supervision activities include, but are not limited to, the following types of services:

- a.** Provide varying levels of staff supervision in a setting where the client is living, or other setting
- b.** Promote safety within the living environment and the community

### **Housing, Room and Board**

Housing, room and board may be provided by CBFS contractors only in conjunction with rehabilitation in accordance with clients' Individual Action Plans. This is typically done for group living situations for clients who are unable to maintain community placement without intensive and consistent supervision and structure.

Housing, room and board is the provision of sleeping accommodations to clients together with food and/or meals. If this definition is met, the following costs may be subsidized with contract funds: rent or mortgage payments, insurance, real estate taxes; utilities, food and maintenance costs. Cost for capital improvement will not be considered an allowable expense. If a CBFS contractor provides room and board, it will be required to collect client contribution for such in accordance with DMH regulation and policy.

Each CBFS contractor will work with DMH to achieve the goal of reducing the number of group living situations.

**DEPARTMENT OF MENTAL HEALTH  
COMMUNITY BASED FLEXIBLE SUPPORTS SERVICES  
INFORMATIONAL POSTING  
NOVEMBER 7, 2008**

**Referral to CBFS**

DMH is responsible for eligibility determination and for referring DMH clients to CBFS services. The CBFS contractor will be required to accept all referrals within its negotiated average capacity.

**Screening and Enrollment**

A licensed clinician will be required to meet with each DMH client who is referred to a CBFS contractor within 72 hours including weekends, of the referral. The purpose of the meeting is to screen the client to determine if any immediate interventions are needed to maintain the client's health and safety until an integrated Individualized Action Plan (IAP) is completed. If needs are identified, the clinician and client must develop an initial critical needs plan. Upon completion of the screening, the client will be considered enrolled in in CBFS.

**Assessments**

Each CBFS client will be assessed within twenty (20) business days of enrollment and, at a minimum, annually thereafter.

**Individualized Action Plan (IAP)**

CBFS contractors will be required to complete an integrated Individualized Action Plan (IAP) for each of its clients within ten (10) business days of a client's assessment being completed. The IAP is a comprehensive plan for all DMH services received by a client and, if feasible, also includes non-DMH services and supports. The CBFS contractor in the IAP planning process will collaborate with all of the client's DMH operated or funded service providers and, to the extent feasible, the client's other service providers. Clients/LAR may invite persons of their choice to be present at meetings regarding the development of their plan. The IAP will identify the client's strengths, needs, goals and objectives and the interventions that will be provided to assist the client in meeting his/her recovery goals.

**Documentation**

CBFS contractors will be required to use forms and manuals developed by the Massachusetts Standardized Documentation Project (MSDP) or comparable forms and manuals approved by DMH.

**DEPARTMENT OF MENTAL HEALTH  
COMMUNITY BASED FLEXIBLE SUPPORTS SERVICES  
INFORMATIONAL POSTING  
NOVEMBER 7, 2008**

**Medicaid Rehabilitative Option**

In delivering the CBFS service components, a CBFS contractor will maintain sufficient documentation to meet the requirements of the Medicaid Rehabilitative Option.

**Crisis Management and Risk Management**

The CBFS contractor will have crisis and risk management protocol(s) that will be developed through collaborative process with the client/LAR and, to the extent possible and authorized, individuals of the client's choosing, the client's other DMH service providers, the applicable Emergency Service provider, and payers.

**Quality and Utilization Management**

DMH expects CBFS contractors to maintain internal quality and utilization management systems and to engage in activities to ensure the safety, quality and effectiveness of the services they provide through systematic performance improvement.

CBFS contractors will have in place mechanisms to gather and evaluate data regarding the quality of programmatic and administrative operations as well as client outcomes.

Specifically, CBFS contractors will be required to collect and analyze data to:

- a. Measure individual client outcomes to inform IAP process
- b. Determine efficient use of programmatic resources;
- c. Monitor effectiveness of services;
- d. Inform workforce development including: staff recruitment and retention, training, supervision, and staff competencies;
- e. Identify needs to modify delivery of services for individual clients;
- f. Establish and monitor performance benchmarks and goals;
- g. Inform quality management and improvement activities; and
- h. Engage in quality improvement activities with DMH and other designated providers.

**Performance Outcomes, Performance Measures, Reporting**

It is DMH's intention to collaborate with CBFS contractors to establish statewide performance outcomes and measures upon which all CBFS contractors will be required to report. Further, DMH may require CBFS contractors to utilize an outcome tool selected by DMH, in collaboration with selected bidders, which will measure individual consumer outcomes and inform individual treatment planning.



**DEPARTMENT OF MENTAL HEALTH  
COMMUNITY BASED FLEXIBLE SUPPORTS SERVICES  
INFORMATIONAL POSTING  
NOVEMBER 7, 2008**

**Staffing**

DMH does not intend to issue specific qualifications and staffing patterns for CBFS Services. However, it is DMH's goal to enhance clinical expertise in its community services, including CBFS. Contractors' staffing patterns must be diverse, culturally sensitive and reflect the cultural and linguistic needs of the clients they served. Contractors must provide culturally and linguistically competent services.

**Pricing Model**

A bidder awarded a contract under this RFR will be reimbursed on a unit rate basis pursuant to a contract with a maximum obligation. The unit rate will be the same for each client enrolled. The invoicing unit for the contract is a client enrolled day which is defined as each day that a client is enrolled with a CBFS contractor as noted in DMH's Mental Health Information System (MHIS). The final contract budget(s), unit rate and average capacity will be negotiated between DMH and the selected bidder(s).

DMH reserves the right to change the reimbursement method, which could include pricing options such as, but not limited to, cost reimbursement, accommodation rate, risk sharing, capitated rates, for the contract(s) resulting from this procurement throughout the duration of the contract period.

Currently there are two payment options available to a contractor: the Regular Payment Plan and the Ready Payment System.

**Regular Payment Plan:** all contractors are eligible for regular payment, which is a monthly invoice system. This is the standard payment system under which contractors are paid once a month after rendering one month's service and submitting a payment voucher.

**Ready Payment System:** under this plan contractors may be paid on a predetermined schedule.

DMH is seeking approval to permit CBFS contractors to be paid under one of the following approaches that will not require the submission of an actual payment voucher to the DMH

**Monthly Payment Plan:** Contractors are remitted monthly through the Commonwealth's accounting system, MMARS, for the total number of enrolled days during a given month. DMH calculates that figure based on the number of days per month each client is enrolled with a CBFS contractor as entered in DMH's Mental Health Information System (MHIS) and populated to EOHHS's Enterprise Invoice Management (EIM) system. Contractors may be

**DEPARTMENT OF MENTAL HEALTH  
COMMUNITY BASED FLEXIBLE SUPPORTS SERVICES  
INFORMATIONAL POSTING  
NOVEMBER 7, 2008**

required to approve the enrollment data in EIM to initiate the payment process.

**Semi-Monthly Payment Plan:** Contractors are paid twice a month based on the same methodology noted above, but with one payment for the first 15 days of each period and a second one for the 16th day to the close of the respective month.

If one of these methods is used, Ready Payments will not be available.

The CBFS Contractor will be required to have in place mechanisms to gather and submit to DMH monthly a listing of clients who received rehabilitation interventions during the month and the dates. DMH will use this information to generate Rehab Option invoicing. If the Federal Rehab Option billing requirements change, additional information may be required.

**Procurement Plan**

DMH plans to issue six (6) Requests for Response (RFR) for CBFS, one per DMH Area. The number of contracts to be awarded under each RFR will be approximately 1-2 per each of DMH's 28 Sites. The RFRs will be standardized as to the service and pricing models. Currently the proposed timeframe for the RFR is as follows:

RFR Release	December 18, 2008
Statewide Bidders' Conference:	January 6, 2009
Written Inquiries Due:	January 13, 2009
Anticipated Answers to Written Inquiries Posted on Comm-PASS	January 20, 2009
Response(s) Due:	February 27, 2009
Review of Responses and Contract Negotiations	March 2 – April 3, 2009
Anticipated Award Announcement	April 6, 2009
Contract Start Date:	July 1, 2009