

CBHI Conflict Resolution Process

To be appended to the CBHI Protocols with each of the child-serving EOHHS agencies and the Operations Manual for Intensive Care Coordination and Practice Guidelines for In Home Therapy

For State Agency Staff and Providers of Intensive Care Coordination and In Home Therapy, Serving MassHealth-Enrolled Youth Under 21

I. Introduction

The process described in this document is to be used by Community Service Agencies (CSAs) delivering Intensive Care Coordination (ICC), CBHI providers delivering In Home Therapy (IHT) and State Agency Staff participating in ICC Care Planning Teams, coordinating care with IHT providers, or otherwise serving youth who are also receiving MassHealth ICC or IHT services.

The CBHI conflict resolution process can be used for any conflict in an ICC or IHT team in which the members of the team feel that they've reached an impasse. Examples of common conflicts are: strong differences of opinion between team members regarding: state service plans or CBHI Care Plans or treatment plans; plans for discharge, from either state-funded or CBHI services; the need for higher levels of care; and payment for residential services.

II. Definitions

Care Coordinator – A Care Coordinator provides Intensive Care Coordination (ICC) using the Wraparound model of care planning and delivery.

Local Area Managers – DCF Area Directors or designees, DDS Regional Directors or designees, DMH Child and Adolescent Directors or designees, or comparable managers from other state agencies.

Managed Care Entity (MCE) – an MCE is an organization which contracts with the Commonwealth of Massachusetts to provide MassHealth insurance products to Massachusetts residents.

Senior Area Managers – DCF Regional Directors or designees, DDS Regional Directors or designees, DMH Child and Adolescent Directors or designees, or comparable managers from other state agencies.

State Agency Staff - staff from the Department of Children and Families, Department of Developmental Services, Department of Mental Health, Department of Public Health, Department of Transitional Assistance, Department of Youth Services, the Commission for the Blind, Commission for the Deaf and Hard of Hearing and the Massachusetts Rehabilitation Commission.

Team - ICC Care Planning Teams or the participants in any care coordination or treatment planning activity conducted by IHT providers,

Youth – For the purposes of this document, “youth” shall mean any MassHealth Member under the age of 21.

III. The Conflict Resolution Process

ICC care planning and IHT treatment planning should start with the fundamental question “What can be done to address impediments to youth and families meeting their objectives and achieving their goals?” The Care Coordinator or IHT clinician works directly with the youth, family, and other members of the Team to identify the strengths and needs of the youth and family and to develop a plan for meeting the identified needs and goals with concrete interventions and strategies and identified responsible persons. The Team, facilitated by the Care Coordinator/IHT clinician, will make every attempt to resolve disagreements within the Team before using the Conflict Resolution process.

1. If a conflict has not been resolved at the Team level, the youth, if 18 or older or emancipated, or the youth’s parent or guardian can initiate the conflict resolution process by asking the Care Coordinator/IHT clinician to do so. The Care Coordinator/IHT clinician will inform the other members of the team that the process has been initiated.
2. Within five business days but in no event more than two weeks from the date the process was initiated, the Care Coordinator/IHT clinician will convene a meeting to attempt to resolve the conflict. The meeting will include the family and youth, any other members of the team who are parties to the conflict *and their supervisors, and the Senior Care Coordinator/IHT supervisor*. The Care Coordinator/IHT clinician and/or the Family Partner/Therapeutic Training and Support will assist the family and youth in presenting their views.
3. If no resolution is reached, a second meeting will be convened within five days and in no event more than two weeks from the date of the first meeting. It will include the family and youth, any other members of the team who are parties to the conflict, and *the Local Area Manager of any State Agency and the CSA/IHT Program Director*. The Care Coordinator/IHT clinician and/or the Family Partner/Therapeutic Training and Support will assist the family and youth in presenting their views.
4. For conflicts concerning the availability of services, or resources such as cost-shares for residential placements, if the Program Director and Local Area Manager(s) are not able to resolve the conflict, they should access, in a timely manner, a local or regional interagency team for assistance. The Care Coordinator/IHT clinician and/or the Family Partner/Therapeutic Training and Support will assist the family and youth in presenting their views.

5. If the Program Director and Local Area Manager(s), with or without the assistance of an interagency team, are not able to resolve the conflict, the involved state agency staff shall inform their agency's Senior Area Manager of the conflict. If, within five days, a resolution satisfactory to the family or youth (if 18 or older, or emancipated) has not been reached, the conflict may be referred to the Unified Planning Team (UPT) process pursuant to 101 CMR 17.
6. In the event that a UPT process has been, or will be, initiated, CBHI provider staff working with the family should ensure that the following steps have been completed or initiated:
 - When a team is unsure of next steps, clinically, the Care Coordinator or IHT clinician should access clinical consultation through their provider agency before referring for a UPT
 - ICC staff must consult with the DMH System Integration Specialist assigned to your CSA before helping youth or family apply for DMH services
 - Staff should complete, or at least initiate, necessary testing. The need for testing, such as testing necessary for a DDS referral, can hold up the UPT process
 - Work with the youth or family to initiate the appeals process if there has been a denial of a 504 plan or an IEP by the local school district,
7. This process does not establish any entitlement to services from any state agency nor does it replace or invalidate grievance or appeals processes established by provider agency policy or state agency statutes or regulations.

IV. Implementing the CBHI Conflict Resolution Process

The CBHI Conflict Resolution Process has been developed with, and endorsed by, the leadership of the Departments of Children and Families, Developmental Services, Mental Health, Public Health and Youth Services and the Office of Medicaid. It is incorporated into the CBHI Protocols for all of the child and family serving state agencies within the Executive Office of Health and Human Services. Copies of the protocols can be found on the CBHI website: www.mass.gov/masshealth/cbhi

Parties representing state agencies who find that they cannot engage ICC or IHT staff, managers or leadership in the CBHI Conflict Resolution Process must notify appropriate central office managers in their own agency, who can bring the matter to the attention of MassHealth's Office of Behavioral Health. ICC or IHT staff who find that they cannot engage state agency staff, managers or leadership in the CBHI Conflict Resolution Process, must notify the youth's MassHealth Managed Care Entity who can bring the matter to the attention of MassHealth's Office of Behavioral Health.