

## CHAPTER He-M 400 COMMUNITY MENTAL HEALTH

### PART He-M 401 ELIGIBILITY DETERMINATION AND INDIVIDUAL SERVICE PLANNING

Statutory Authority: RSA 135-C:13, 18, 19, 57 and 61

#### REVISION NOTE:

Document #4194, effective 1-1-87, made extensive changes to the wording, format, structure, and numbering of rules in Part He-M 401. Document #4194 supersedes all prior filings for the sections in this part. The prior filings for former Part He-M 401 include the following documents:

#2422, eff 7-13-83

#3050, eff 7-8-85

#4065, eff 6-3-86

He-M 401.01 Purpose. The purpose of these rules is to establish the requirements and procedures for determining eligibility for state-funded community mental health services and for developing and monitoring the individual service plan.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 Emergency, eff 12-31-86; ss by #4237, eff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss by #8155, eff 9-2-04, EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

He-M 401.02 Definitions. The words and phrases in these rules shall mean the following:

- (a) “Adult” means a person 18 years of age or older.
- (b) “Applicant” means any person who requests state-funded services from a CMHP.
- (c) “Area of origin” means the city or town in which a consumer resides or, if the consumer is in a state institution, the city or town in which the consumer resided immediately prior to entering the institution.
- (d) “Bureau” means the bureau of behavioral health.
- (e) “Case manager” means a person designated by a CMHP to monitor, advocate for, and facilitate the delivery of services to consumers.
- (f) “Child” means a person who is less than 18 years of age.
- (g) “Child and family service plan” means a written document developed for a child that specifies the services and supports that are needed for the family and child to attain their identified goals.
- (h) “Clinician” means a person who has been authorized by a CMHP to render consumer services and who is qualified to provide such services pursuant to He-M 426.05 (e)-(j).
- (i) “Community mental health program (CMHP)” means a community mental health program operated by the state or a city, town, county, or nonprofit corporation and approved pursuant to He-M 403 for the purposes of planning, establishing, and administering an array of mental health services.

(j) “Conference” means a meeting or series of meetings held to develop or revise an individual or family service plan pursuant to He-M 401.10 or He-M 401.11.

(k) “Consumer” means any person receiving state-funded services from a CMHP.

(l) “Crisis plan” means a written agreement between a consumer and a CMHP that:

(1) Outlines the interventions to be utilized and/or considered during an impending or acute psychiatric crisis;

(2) Promotes illness self-management;

(3) Emphasizes a preventive approach through the identification of early warning signs of acute psychiatric episodes and specific treatment approaches to be used in the event of a psychiatric crisis;

(4) Reflects a team effort among the consumer, CMHP staff, and others invited by the consumer; and

(5) May include the use of peer supports.

(m) “Eligibility” means the determination that a person meets the criteria for one or more of the eligibility categories in He-M 401.05 through He-M 401.09.

(n) “Employment or education plan” means a written plan that is based on the consumer’s own job and career goal(s) and includes the following:

(1) Identification of the skills, supports, and resources necessary to help the consumer achieve and maintain his or her job and educational goal; and

(2) Determination of whether or not assistance in job acquisition or placement is needed and, if so, a plan describing such.

(o) “Guardian” means a guardian, or a temporary guardian, of the person appointed pursuant to RSA 464-A or the parent of a consumer under the age of 18 whose parental rights have not been terminated or limited by law.

(p) “Individual service plan (ISP)” means a written document that specifies the services and supports that a consumer, aged 18 or older, needs to attain his or her personal goals.

(q) “Interagency involvement” means the services provided to a child who:

(1) Meets the criteria specified in He-M 401.09 (a) and has been identified by a school administrative unit as being educationally handicapped; or

(2) Is referred to a CMHP and is under the legal jurisdiction of the division for children, youth and families (DCYF).

(r) “Master’s level clinician” means a person who graduated from an accredited college or university program with a graduate degree in psychology or counseling and who is working under the supervision of a psychiatrist or psychologist as specified in He-M 401.04.

(s) “Mental illness” means the following psychiatric disorders classified in the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, Text Revision) (DSM-IV-TR, 2000), available as noted in Appendix A:

- (1) Schizophrenia and other psychotic disorders;
- (2) Mood disorders;
- (3) Borderline personality disorder;
- (4) Post traumatic stress disorder;
- (5) Obsessive compulsive disorder;
- (6) Eating disorders;
- (7) Dementia, where the psychiatric symptoms cause the functional impairments and one or more of the following co-morbid symptoms exist:
  - a. Anxiety;
  - b. Depression;
  - c. Delusions;
  - d. Hallucinations; or
  - e. Paranoia; or
- (8) Panic disorder.

(t) “Region” means a geographic area identified in He-M 425.03 for the purpose of assigning primary responsibility for providing mental health services to the residents of certain communities.

(u) “Serious emotional disturbance” means severe mental disability in persons under the age of 18, and includes psychiatric disorders classified as axis I disorders or an axis II borderline personality disorder in the DSM-IV-TR with the exception of substance abuse disorders and V codes, which are conditions not attributable to a mental disorder.

(v) “Serious psychosocial dysfunction” means a significant disruption in functioning, due to a mental illness, in the areas of role performance, thinking, behavior toward self or others, and/or moods or emotions.

(w) “Severely functionally-impaired” means that as a result of a person's mental illness he or she requires intensive supervision or is in acute psychiatric crisis and cannot function in an autonomous or semi-autonomous fashion.

(x) “Severely mentally disabled” means “severely mentally disabled” as defined in RSA 135-C:2, XV, namely, “having a mental illness which is either so acute or of such duration as to cause a substantial impairment of a person’s ability to care for himself or herself or to function normally in society in accordance with rules authorized by RSA 135-C: 61.”

(y) “Suspension” means a time limited, specific withholding of any available service(s) from a consumer for well-defined and documented reasons and pursuant to He-M 401.14 (a)-(c).

(z) “Support” means informal assistance or resources provided by friends, family members, neighbors, or others to enable an individual to participate in community life.

(aa) “Termination” means the cessation for an indefinite period of all services to a consumer.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 Emergency, eff 12-31-86; ss by #4237, eff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss by #8155, eff 9-2-04, EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

He-M 401.03 Intake Process.

(a) Intake application shall be made as follows:

(1) All persons seeking community mental health services shall make application to the CMHP by providing to the CMHP such information as required by He-M 408.04 (b)(1); or

(2) For those persons who have been determined eligible for state-funded services and who are returning to the community from New Hampshire hospital or a designated receiving facility, the discharge plan, when developed in conjunction with the CMHP, shall constitute application for admission into the state-funded service delivery system.

(b) The provisions of He-M 401.03 (a)(2) above shall not preclude any individual from applying directly to a CMHP for services.

(c) The CMHP shall be responsible for the inclusion of all components listed in He-M 408.04 (b)(1) in intake applications.

(d) In the event that a psychiatric emergency regarding an applicant exists pursuant to He-M 401.03 (e) below, the CMHP shall refer the applicant to emergency services pursuant to He-M 426.09.

(e) A CMHP shall determine that a psychiatric emergency regarding an applicant or consumer exists if, due to the applicant's or consumer's mental illness:

(1) There is the potential of a serious increase in psychiatric symptoms likely to result in impaired functioning;

(2) The person is in danger of psychiatric hospitalization; or

(3) There is likelihood of danger to the person or to others if CMHP services are not provided.

(f) For all persons applying, the CMHP shall identify the services it anticipates providing. This listing shall function as the individual service plan until the full service planning process can be completed.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 Emergency, eff 12-31-86; ss by #4237, eff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss by #8155, eff 9-2-04, EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

He-M 401.04 Eligibility Determination.

(a) The CMHP shall be responsible for conducting an eligibility determination pursuant to He-M 401 for each applicant.

(b) An eligibility determination shall be conducted by:

- (1) A psychiatrist who meets the definition in RSA 135-C:2, XIII;
- (2) A psychologist who is licensed in accordance with RSA 330-A:16, I;
- (3) A pastoral psychotherapist who is certified in accordance with RSA 330-A:17;
- (4) A clinical social worker who is licensed in accordance with RSA 330-A:18;
- (5) A nurse who is registered as required by RSA 326-B and has a master's degree in psychiatric nursing or is certified as an advanced practice registered nurse with a psychiatric mental health specialty in accordance with RSA 326-B:10;
- (6) A clinical mental health counselor licensed in accordance with RSA 330-A:19;
- (7) A registered nurse (RN-C) certified in psychiatric nursing by the American Nurses Association;
- (8) A marriage and family therapist licensed in accordance with RSA 330-A:21; or
- (9) Any of the following, provided that the eligibility determination is reviewed and cosigned by a professional identified in He-M 401.04 (b) (1) through (7):
  - a. A case manager, including staff members who possess a bachelors' degree and staff who meet the criteria to provide individual resiliency and recovery oriented services (IROS) under He-M 426; or
  - b. A master's level clinician.

(c) An eligibility determination shall be effective on the date that the determination is signed by the professional(s) making the determination.

(d) A redetermination shall be conducted and signed no later than 30 days after the expiration date of the previous determination. The person shall be deemed eligible during that 30 day period.

(e) A CMHP shall notify an applicant of the services for which he or she is eligible within 15 days of the effective date of eligibility determination.

(f) Once an applicant's eligibility for state-funded services is determined, the CMHP shall do one of the following:

- (1) If the applicant, including an applicant returning to the community from New Hampshire hospital or a designated receiving facility who does not have a current individual service plan, is determined eligible for state-funded services, an individual service plan shall be developed; or
- (2) If the applicant does not meet the eligibility criteria specified under He-M 401, that applicant shall be referred to non-state-funded services and the CMHP shall document the referral.

(g) The eligibility determination shall be documented in the consumer's clinical record.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 Emergency, eff 12-31-86; ss by #4237, eff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss by #8155, eff 9-2-04, EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

He-M 401.05 Eligibility Criteria for Adults with Severe and Persistent Mental Illness.

(a) An adult shall be eligible for community mental health services if he or she has a severe and persistent mental illness (SPMI) pursuant to (b) below.

(b) An adult shall be determined by a CMHP to have a severe and persistent mental illness (SPMI) if he or she meets each of the following criteria:

(1) The adult has a diagnosed mental illness;

(2) The adult has a severe functional impairment as a result of his or her mental illness as determined through assessment of the person's ability to function in the following functional domains:

a. Activities of daily living;

b. Interpersonal functioning;

c. Adaptation to change; and

d. Concentration and task performance or pace; or

e. Equivalent domains as defined in an outcome measurement tool approved by the commissioner;

(3) For adults age 18-59, the assessment of functional impairment required by (2) above demonstrates:

a. Moderate impairment causing chronic or durable problems in each of the four functional domains such that the person requires regular support and a variety of services;

b. Marked impairment causing ongoing symptoms in two or more of the functional domains such that the person requires intensive and frequent supportive interventions;

c. Extreme impairment causing risk of death in at least one functional domain such that the person requires a constant level of services; or

d. Equivalent impairment ratings based on an outcome measurement tool approved by the commissioner;

(4) For adults age 60 and older, the assessment of functional impairment required by (2) above demonstrates, without regard to the older adult's score on the General Assessment of Functioning (GAF) scale:

a. Moderate impairment causing chronic or durable problems in three or more of the functional domains such that the person requires regular support and a variety of services; or

b. Marked impairment causing ongoing symptoms in one or more of the functional domains such that the person that requires intensive and frequent supportive interventions; and

(5) The adult has had the severe functional impairment for one year or more.

(c) An adult shall be eligible for community mental health services as a result of having SPMI if he or she meets the criteria specified in (b)(1) and (5) above but does not meet the criteria currently as a result of the use of clozaril or clozapine or as a result of close supervision such as that provided in a community residence as defined in He-M 1002.02.

(d) Redetermination of eligibility in this category shall occur every 2 years.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 Emergency, eff 12-31-86; ss by #4237, eff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss by #8155, eff 9-2-04, EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

#### He-M 401.06 Eligibility Criteria for Adults with Severe Mental Illness.

(a) An adult shall be eligible for community mental health services if he or she has a severe mental illness (SMI) pursuant to (b) below.

(b) An adult shall be determined by a CMHP to have a severe mental illness (SMI) if he or she meets each of the following criteria:

(1) The adult has one of the following:

a. A diagnosis of mental illness; or

b. A provisional diagnosis of mental illness, if the person has not previously applied for community mental health services;

(2) The adult has a severe functional impairment as a result of his or her mental illness as determined through assessment of the person's abilities in the following functional domains:

a. Activities of daily living;

b. Interpersonal functioning;

c. Adaptation to change; and

d. Concentration and task performance or pace; or

e. Equivalent domains as defined in an outcome measurement tool approved by the commissioner;

(3) For adults age 18-59, the assessment of functional impairment required by (2) above demonstrates:

- a. Moderate impairment causing chronic or durable problems in each of the four functional domains such that the person requires regular support and a variety of services;
- b. Marked impairment causing ongoing symptoms in two or more of the functional domains such that the person requires intensive and frequent supportive interventions;
- c. Extreme impairment causing risk of death in at least one functional domain such that the person requires a constant level of services; or
- d. Equivalent impairment ratings based on an outcome measurement tool approved by the commissioner; and

(4) The assessment of functional impairment of adults age 60 and older demonstrates, without regard to the older adult's score on the General Assessment of Functioning (GAF) scale:

- a. Moderate impairment causing chronic or durable problems in three or more of the functional domains; or
- b. Marked impairment causing ongoing symptoms that require intensive and frequent supportive interventions in one or more of the functional domains; and

(5) The adult has had the severe functional impairment for less than one year.

(c) Redetermination of eligibility in this category shall occur every 2 years.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 EMERGENCY, eff 12-31-86; ss by #4237, eff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss by #8155, eff 9-2-04, EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

He-M 401.07 Eligibility Criteria for Adults with Severe or Severe and Persistent Mental Illness with Low Service Utilization.

(a) An adult shall be eligible for community mental health services if he or she has SMI or SPMI with low service utilization pursuant to He-M 401.07 (b) below.

(b) A CMHP shall determine that an adult has SMI or SPMI with low service utilization if he or she:

- (1) Has a mental illness but no longer meets all the criteria for SPMI or SMI and receives services that are designed to prevent relapse;
- (2) Has functional impairments that are due to a developmental disability or receives services primarily through another agency such as a provider for persons with developmental disabilities or New Hampshire hospital; or



(3) Meets criteria for SPMI or SMI but has refused recommended services and for whom the CMHP is providing outreach.

(c) Attempts by the CMHP to engage the adult with SMI or SPMI with low service utilization in further services shall be made in accordance with his or her clinical needs and be documented in the person's record.

(d) Redetermination of eligibility in this category shall occur every 2 years.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 Emergency, eff 12-31-86; ss by #4237, eff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss by #8155, eff 9-2-04, EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

He-M 401.08 Eligibility Criteria for Children with Serious Emotional Disturbance.

(a) To be eligible for community mental health services as a result of having a serious emotional disturbance, a child shall:

(1) Have a serious emotional disturbance;

(2) Have a serious psychosocial impairment as determined through an assessment of the following domains:

a. The child's:

1. School or work role performance;

2. Home role performance;

3. Community role performance;

4. Behavior towards others;

5. Mood and emotions;

6. Behavior towards self;

7. Substance use; and

8. Thinking; and

b. The child's caregiver's ability to provide physical and emotional support to the extent necessary to promote the child's emotional health; and

(3) Have the assessment of psychosocial impairment required by (2) above demonstrate:

a. At least mild impairment in three or more of the child centered domains causing periodic difficulty or distress;

- b. At least moderate impairment in one or more child centered domains causing chronic or durable problems; or
- c. At least mild impairment in the caregiver's ability to provide physical and emotional support to the extent necessary to promote the child's emotional health.

(b) Redetermination of eligibility in this category shall occur annually.

(c) Redetermination of eligibility in this category shall occur every 2 years.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 Emergency, eff 12-31-86; ss by #4237, eff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss by #8155, eff 9-2-04, EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

He-M 401.09 Eligibility Criteria for Children with Serious Emotional Disturbance and Having Current Interagency Involvement.

(a) To be eligible for community mental health services as a result of having a serious emotional disturbance and interagency involvement, a child shall:

(1) Have a diagnosed serious emotional disturbance;

(2) Have a serious psychosocial impairment as determined through an assessment of the following domains:

a. The child's:

- 1. School or work role performance;
- 2. Home role performance;
- 3. Community role performance;
- 4. Behavior towards others;
- 5. Moods or emotions;
- 6. Behavior towards self;
- 7. Substance use; and
- 8. Thinking; and

b. The child's caregiver's ability to provide physical and emotional support to the extent necessary to promote the child's emotional health;

(3) Have the assessment of psychosocial impairment required by (2) above demonstrate:

a. At least mild impairment in three or more of the child centered domains causing periodic difficulty or distress;

- b. At least moderate impairment in one or more child centered domains causing chronic or durable problems; or
- c. At least mild impairment in the caregiver's ability to provide physical and emotional support to the extent necessary to promote the child's emotional health; and

(4) Have current interagency involvement.

(b) Redetermination of eligibility in this category shall occur annually.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 Emergency, eff 12-31-86; ss by #4237, eff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss by #8155, eff 9-2-04, EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

He-M 401.10 Adult Service Planning Process.

(a) A CMHP shall complete a written individual service plan within 90 calendar days after the determination that the person is eligible for services.

(b) Development of the ISP shall be a collaborative effort between the consumer and the CMHP. If the consumer has a guardian, the guardian shall play an active role in the process.

(c) The case manager or primary clinician shall fully explain to the consumer or guardian, verbally and in writing:

- (1) The purpose of the Individual Service Planning process as specified in 401.10(h), and
- (2) The components of the ISP, including goals, measurable objectives, services, timelines, referrals, quarterly reviews, a crisis plan and employment or education plan, as appropriate.

(d) The case manager or primary clinician shall fully explain to the consumer or guardian, verbally and in writing that the consumer or guardian has the power to choose either of the following methods by which his or her ISP is developed:

- (1) Through a formal client centered conference that is a meeting at a mutually convenient time and place with the psychiatrist and other involved persons as approved by the consumer, such as family members, CMHP staff, representatives of other agencies providing services to the consumer such as vocational rehabilitation, friends, an attorney, legal representative, a peer advocate and/or others with relevant knowledge or expertise; or
- (2) Through a less formal method that shall include one or more one-on-one or small group meetings with the psychiatrist and/or others listed in 401.10 (d)(1) by phone, in person and/or through other effective means of communication such as electronic mail.

(e) The consumer or guardian shall be advised that he or she may consult with family, friends, therapists, advocates and others before making the decision regarding the method to develop the ISP.

(f) The consumer or guardian shall have 10 days to make a decision after receiving the written explanation regarding the methods to develop the ISP, which the consumer or guardian shall indicate by his or her signature.

(g) The decision of the consumer or guardian, indicating that the choices were explained, shall be documented in the clinical record.

(h) The outcome of the process described in (b)-(g) above shall be the development of an ISP that:

- (1) Focuses on recovery;
- (2) Focuses on strengths;
- (3) Promotes community integration and participation;
- (4) Enhances natural community supports and relationships, with particular emphasis on maintaining and improving family relationships;
- (5) Fosters employment, self sufficiency, and other similar, socially valued roles;
- (6) Identifies functional impairments which are a result of mental illness;
- (7) Identifies treatment interventions;
- (8) Promotes access to generic services and resources;
- (9) Establishes time specific, sequentially stated objectives for improved personal functioning;
- (10) Establishes a crisis plan as defined in He-M 401.02; and
- (11) Establishes an employment or educational plan, as appropriate.

(i) Consumers determined eligible in a low utilizer category pursuant to He-M 401.07 shall have a service planning process which shall at a minimum:

- (1) On a biennial basis:
  - a. Redetermine eligibility pursuant to He-M 401.07;
  - b. Assess the level of need for continued mental health services;
  - c. Assess the need for referral to other services;
  - d. Result in the development or continuation of goals and objectives; and
  - e. If the consumer is receiving only medication-related services, result in medication related objectives, as appropriate, developed by the psychiatrist and the consumer to serve as the individual service plan; and
- (2) Follow the comprehensive service planning process pursuant to He-M 401.10 if there is any increased need for more extensive utilization of mental health services.

(j) A case manager, if needed, or primary clinician, shall be assigned to each consumer who has been determined to have a severe and persistent mental illness.

(k) A case manager, if needed, or primary clinician, shall be assigned to each consumer who has been determined to have a severe mental illness.

(l) A CMHP shall not deny available, appropriate services to any eligible consumer who lives within the CMHP's region. Upon inquiry, a CMHP shall provide information about available services.

(m) The individual service plan shall include the signature of the consumer/guardian as indication of approval of the plan. If it is necessary to notify the consumer/guardian by mail, the consumer/guardian shall have 15 days from the date notice was sent to respond in writing, indicating approval or disapproval of the ISP. Failure to respond within the time allowed shall constitute approval of the ISP.

(n) If the consumer or guardian refuses to sign the individual service plan, the dispute shall be resolved:

(1) Through informal discussions with the CMHP;

(2) By convening or reconvening a service planning meeting; or

(3) By the individual or guardian filing an appeal with the bureau pursuant to He-M 204.

(o) The individual service plan shall be signed by a psychiatrist as indication of CMHP approval of the plan and as indication that the services to be provided that are covered by medicaid are medically necessary.

(p) The consumer shall receive a copy of the final version of the individual service plan.

(q) If necessary services are not available, such service shall be documented through individual service plans.

(r) When services have been documented to be necessary but unavailable, each agency responsible for provision of such services shall notify the department of the need for these services by submitting an annual report due July 1 and submitted no later than July 15 of each year.

(s) The department shall utilize such information as is provided pursuant to (q)-(r) above for budgetary planning purposes.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 Emergency, eff 12-31-86; ss by #4237, eff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss and moved by #8155, eff 9-2-04 (from He-M 401.12), EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

#### He-M 401.11 Child, Adolescent and Family Service Planning Process.

(a) For children determined eligible due to a severe emotional disturbance pursuant to He-M 401.08 or He-M 401.09, the service planning process shall include a child and family service plan written within 90 calendar days from the date of eligibility determination and annually thereafter.

(b) The purpose of the service planning process shall be to assure the development of an individualized plan based on the family's and child's expressed goals and objectives. The service planning process may include a conference if the parent(s) or guardian so desire. The case manager or

primary clinician shall notify the parent(s) or guardian of the right to a conference and document the notification in the clinical record. The record shall contain a signed acknowledgement that such notification was provided.

(c) Each child and family service plan shall:

- (1) Focus on strengths;
- (2) Promote community integration and participation;
- (3) Enhance natural community supports and relationships;
- (4) Identify functional impairments which are a result of mental illness;
- (5) Identify treatment interventions; and
- (6) Promote access to generic services and resources.

(d) If the parent(s) or guardian requests a conference, those invited to participate may include:

- (1) The child's parent(s) or legal guardian;
- (2) The child's case manager and/or primary therapist;
- (3) Staff from agencies with which the child has involvement such as DCYF, the local school system, or the juvenile justice system;
- (4) The child's psychiatrist;
- (5) Other involved CMHP staff; and
- (6) The child, if his or her attendance is determined by CMHP staff to be clinically appropriate.

(e) The child and family service plan shall include the signature of the consumer or guardian as indication of approval of the plan. If it is necessary to notify the consumer/guardian by mail, the consumer or guardian shall have 15 days from the date notice was sent to respond, in writing, indicating approval or disapproval of the child and family service plan. Failure to respond within the time allowed shall constitute approval of the child and family service plan.

(f) If the consumer or guardian refuses to sign the child and family service plan, the dispute shall be resolved:

- (1) Through informal discussions with the CMHP;
- (2) By convening or reconvening a service planning meeting; or
- (3) By the individual, parent, or guardian filing an appeal with the bureau pursuant to He-M 204.

(g) The child and family service plan shall be signed by a psychiatrist as indication of CMHP approval of the plan.

(h) The psychiatrist may order, based on legitimate treatment considerations, the continuation of services by the child and adolescent program for a person who has turned age 18, up to the age of 21.

(i) The child and family shall receive a copy of the final version of the child and family service plan.

(j) If necessary services are not available, such service shall be documented through child and family service plans.

(k) When services have been documented to be necessary but unavailable, each agency responsible for provision of such services shall notify the department of the need for these services by submitting an annual report due July 1 and submitted no later than July 15 of each year.

(l) The department shall utilize such information as is provided pursuant to (k) above for budgetary planning purposes.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 Emergency, eff 12-31-86; ss by #4237, eff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss and moved by #8155, eff 9-2-04 (from He-M 401.13), EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

#### He-M 401.12 Review of the Individual Service Plan.

(a) Consumers determined eligible in a low utilizer category pursuant to He-M 401.07 shall have a service plan review process as follows:

- (1) Each contact with a consumer shall be documented;
- (2) Such documentation, if services are provided at least quarterly, shall serve as the periodic review;
- (3) If no service has been provided in the last quarter, a review regarding the continued need for services shall occur and be documented; and
- (4) The annual review and modification of the objectives by the primary service provider(s) and the consumer shall serve as the annual consumer conference.

(b) All eligible consumers other than those referenced in He-M 401.12 (a) shall have their individual service plans reviewed on a quarterly basis and revised as necessary.

(c) The quarterly review shall include the following:

- (1) A review of the consumer's progress toward the goals in the individual service plan;
- (2) Documentation that all needed services are being provided;
- (3) Revision of the individual service plan, as appropriate;
- (4) Determination of continued need for services;
- (5) A review of any residential, vocational, social, or other changes in the consumer's life; and
- (6) A review of psychiatric hospitalizations.

(d) The CMHP shall document the results of a quarterly review in a quarterly review note pursuant to He-M 408.11.

(e) The CMHP shall indicate on the quarterly review note as to whether or not the information was reviewed with the consumer. Whenever possible, the consumer shall be asked to sign his or her quarterly review note to indicate participation in, and agreement with, the results of the review.

(f) An annual plan review shall meet the requirements of He-M 401.10 and He-M 401.12(c) and shall constitute the fourth quarter review.

(g) Following an annual plan review, an annual individual service plan shall be written, or reviewed and revised as necessary.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 Emergency, eff 12-31-86; ss by #4237, eff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss and moved by #8155, eff 9-2-04 (from He-M 401.14), EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

#### He-M 401.13 Review of the Child and Family Service Plan.

(a) All eligible children and adolescents shall have their child and family service plan reviewed and revised as necessary on a quarterly basis.

(b) The quarterly review shall include the following:

- (1) A review of the child's progress toward the goals in the child and family service plan;
- (2) Assessment that all needed services are being provided;
- (3) Revision of the child and family service plan, as appropriate;
- (4) Determination of continued need for services;
- (5) A review of any residential, educational, social, or other changes in the child's life; and
- (6) A review of psychiatric hospitalizations.

(c) The results of a quarterly review shall be documented pursuant to He-M 408.11.

(d) CMHP staff shall indicate on the quarterly review note as to whether or not the information was reviewed with the consumer. Whenever possible, the consumer shall be asked to sign his or her quarterly review note to indicate participation in, and agreement with, the results of the review.

(e) An annual plan review shall meet the requirements of He-M 401.11 and He-M 401.13(b) and shall constitute the fourth quarter review.

(f) Following an annual plan review, the CMHP staff shall write an annual child and family service plan or review and revise the existing plan, as necessary.



Source. #6644, eff 12-2-97; ss and moved by #8155, eff 9-2-04 (from He-M 401.15), EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

He-M 401.14 Suspension and Termination of Services.

- (a) A consumer shall be suspended from a CMHP's service(s) if:
- (1) The consumer:
    - a. Endangers or threatens to endanger other consumers or staff and the clinical circumstances would not result in an involuntary emergency admission pursuant to RSA 135-C:27-33;
    - b. Is no longer benefiting from service(s) he or she is receiving; or
    - c. Meets suspension provisions as part of the treatment program as specified in the consumer's individual service plan or as specified in the CMHP's policies and procedures;
  - (2) The suspension has been approved by the CMHP's chief executive officer or designee as meeting the criteria specified herein; and
  - (3) The consumer and his or her guardian, if any, have received written and verbal notice prior to the suspension which shall:
    - a. Specify the effective date of the suspension;
    - b. Specify the length of time the suspension is to last;
    - c. List the clinical or management reasons for the suspension; and
    - d. Explain the rights to appeal and the appeal process pursuant to He-M 204.
- (b) Suspension of a consumer shall not exceed 5 program days except as required by He-M 401.14 (h);
- (c) A CMHP shall maintain documentation in the record of a consumer who has been suspended that:
- (1) The consumer has been notified of the suspension; and
  - (2) The suspension has been approved by the CMHP's chief executive officer or designee.
- (d) A consumer shall be terminated from a CMHP's service(s), with the exception of emergency services, if:
- (1) The consumer:
    - a. Endangers or threatens to endanger, other consumers or staff requiring intervention of law enforcement, or engages in illegal activity on the property of the CMHP; and
    - b. The clinical circumstances would not appropriately result in an involuntary emergency admission pursuant to RSA 135-C:27-33;

- (2) The consumer is no longer benefiting from the service(s) he or she is receiving;
  - (3) The consumer refuses to pay for the services that he or she is receiving despite having the financial resources to do so; or
  - (4) The consumer refuses to apply for benefits that could cover the cost of the services that he or she is receiving despite the fact that the consumer is or may be eligible for such benefits.
- (e) A termination from CMHP services shall not occur unless:
- (1) It has been approved by the CMHP's chief executive officer or designee as meeting the criteria specified herein; and
  - (2) The CMHP has given a written and verbal notice to the consumer and consumer's guardian, if any, at least 30 days prior to the termination which shall:
    - a. Give the effective date of termination;
    - b. List the clinical or management reasons for termination; and
    - c. Explain the rights to appeal and the appeal process pursuant to He-M 204.
- (f) A CMHP shall document in the record of a consumer who has been discharged that:
- (1) The consumer has been notified of the termination; and
  - (2) The termination has been approved by the CMHP's program director.
- (g) A CMHP shall notify the bureau of all terminations of service.
- (h) If a consumer is endangering or threatens to endanger other consumers or staff, or engages in illegal activity on the property of the CMHP and 30 days' notice would place at risk those threatened, the CMHP shall suspend the consumer from the services and then start the termination process.

Source. #6644, eff 12-2-97; ss and moved by #8155, eff 9-2-04 (from He-M 401.16), EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

#### He-M 401.15 Waivers.

- (a) A CMHP or consumer may request a waiver of specific procedures outlined in this chapter, in writing, from the department.
- (b) A request for waiver shall include:
  - (1) A specific reference to the section of the rule for which a waiver is being sought;
  - (2) A full explanation of why a waiver is necessary; and
  - (3) A full explanation of alternative provisions or procedures proposed by the CMHP or consumer.
- (c) No provision or procedure prescribed by statute shall be waived.

(d) A request for waiver shall be granted after the commissioner determines that the alternative proposed by the CMHP or consumer meets the objective or intent of the rule and:

(1) Does not negatively impact the health or safety of the consumer(s); or

(2) Is administrative in nature, and does not affect the quality of consumer care.

(e) Upon receipt of approval of a waiver request, the CMHP's or consumer's subsequent compliance with the alternative provisions or procedures approved in the waiver shall be considered compliance with the rule for which waiver was sought.

(f) Waivers shall be granted in writing for a specific duration not to exceed 5 years except as in (g) below.

(g) Those waivers which relate to the following shall be effective for the CMHP's current certification period only:

(1) Fire safety; or

(2) Other issues relative to consumer health, safety or welfare that require periodic reassessment.

(h) A CMHP or consumer may request a renewal of a waiver from the department. Such request shall be made at least 90 days prior to the expiration of a current waiver.

Source. #6644, eff 12-2-97; ss and moved by #8155, eff 9-2-04 (from He-M 401.17), EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13