MEMORANDUM

TO: MSDP Community & MSDP Certified Vendors
FROM: Vic DiGravio, President/CEO, ABH
        Madeline Becker, MSDP Leadership Co-Chair, Vinfen
        Carmin Quirion-Wyman, MSDP Leadership Co-Chair, Advocates, Inc.
RE: Review of MSDP Updates and Changes
DATE: February 22, 2017

The MSDP Leadership Committee has completed the annual Compliance Review of the Massachusetts Standardized Documentation Project (MSDP) data set. The following standards and regulations were reviewed:

- CARF
- Council On Accreditation (COA)
- Joint Commission
- Medicare
- Medicaid
- Department of Public Health (DPH) including the Bureau of Substance Abuse Services (BSAS)
- Department of Mental Health Rehab Option

The following pages outline the changes to the MSDP data sets. All modifications are clearly outlined and highlighted.

Changes have been made to the following forms and are effective immediately:

1. Adult Comprehensive Assessment
2. Child/Adolescent Comprehensive Assessment
3. Physical Health Assessment
4. Discharge Summary/Transition Plan
5. Legal Involvement and History Addendum
6. Addictive Behavior and Substance Use History Addendum

Please note that the Outreach Service Note has been removed from the PACT form set.

In addition to the listed form changes, the manuals and data map file have also been updated. Certified MSDP Vendors have (6) months to integrate these changes into their MSDP-certified products. Please see Section 4 of the Vendor Guide for more details.
User/Provider Notice: Discontinuing Support of the MSDP Forms
ABH has made the decision to discontinue support of the MSDP forms (i.e., word document versions). MSDP data elements and manuals will still be supported and updated via annual compliance reviews. MSDP data elements are also called the “data map,” which is used by MSDP Certified Vendors to maintain their compliance.

Why is this happening? As more providers are moving to electronic health record use, the need for MSDP forms is decreasing and the MSDP Leadership Team would like to utilize its resources more effectively. The manuals will still be updated by the MSDP Leadership Team so that providers can use them for training purposes as needed. This is a natural progression and the MSDP Leadership Team wants to keep current with the evolving landscape around documentation of community-based behavioral health services.

When is this happening? This is the final set of compliant MSDP forms that will be released. When the next compliance review is completed only updated MSDP data sets and manuals will be produced.

What does this mean? When the next compliance review is completed and updates are announced, providers who wish to continue using the MSDP forms will be responsible for updating the electronic versions of the forms they use. Changes or updates to the data set will be announced and made available to providers via the data map.

How will I know what is the most current MSDP data set going forward? All current MSDP updates, data sets, manuals, and correspondence will be posted here.

MSDP Certified Vendors
As per your Vendor Certification agreement, you have six (6) months to integrate the outlined changes into your MSDP-certified products. Please see Section 4 of the Vendor Guide for more details. NOTE: The $1000 Re-Certification fee is waived for this review.

In order to maintain MSDP compliance and certification, MSDP Certified Vendors are expected to submit a letter to ABH stating that the compliance changes and updates have been made. Included in this letter must be screen shots of the completed changes. This letter needs to be received by ABH by August 25, 2017.

The letter with screen shots should be sent electronically to VDiGravio@abhmass.org or to: ABH, Inc. ATTN: MSDP 251 West Central Street, Suite 21 Natick, MA 01760

Regardless of whether you are a user/provider or a certified vendor, if you have any questions, please submit them to MSDPHelp@abhmass.org.

Thank you.
Changes to the Adult Comprehensive Assessment

Section: Employment and Meaningful Activities
1. Old wording: Does the person want help to find employment?
   New wording: Does the person want help to find employment or vocational training?

<table>
<thead>
<tr>
<th>Employment Status/Interests:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Never Worked</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ Currently Employed</td>
<td>□ No</td>
</tr>
<tr>
<td>(If not currently employed)</td>
<td>□ Yes, if yes, length of employment:</td>
</tr>
</tbody>
</table>

Does the person want help to find employment or vocational training?

<table>
<thead>
<tr>
<th>Employment Addendum</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Uncertain / Comments:</td>
<td></td>
</tr>
</tbody>
</table>

Meaningful Activities (Community Involvement, Volunteer Activities, Leisure/Recreation, Other Interests):         

Section: Physical Health Summary
1. Old wording: Medication
   New wording: Medication Allergies and Medication Sensitivities (including OTC, herbal)
2. Question addition: Does the person use complimentary health approaches (e.g. natural products, mind-body practiced, yoga)?
   Answer addition: Yes (checkbox), No (checkbox), If yes, please describe (text field)
3. Question addition: Does the person wish to consider using complimentary health approaches and want help finding a provider?
   Answer addition: Yes (checkbox), No (checkbox), If yes, please describe (text field)

Physical Health Summary
OR □ Refer to Attached Physical Health Assessment

Bureau of Substance Abuse Services (BSAS) Programs must complete the MSDP Infectious Disease Risk Addendum and the BSAS TB Assessment

Allergies: □ No Known Allergies □ Yes, list below:
Food:         Medication Allergies and Medication Sensitivities (including OTC, herbal):         
Environmental:         

Physical Health Summary: (Include health history, chronic conditions, significant dental history, and current physical complaints that may interfere with the person’s served functioning.)         

Does the person use complimentary health approaches (e.g. natural products, mind-body practices, yoga)? □ Yes □ No
If yes, please describe:         

Does the person wish to consider using complimentary health approaches and want help finding a provider? □ Yes □ No □ NA
If yes, please describe:         

Changes to the Child/Adolescent Comprehensive Assessment

Section: Employment
1. Old wording: Does the person want help to find employment?
   New wording: Does the person want help to find employment or vocational training?

   EMPLOYMENT (complete if 14 years of age or older)
   Employment Income/Financial Support: [ ] Not Applicable [ ] Never Worked
   Currently Employed? [ ] No [ ] Yes: If yes, length of employment: ______
   (If not currently employed) – Person served wants to work? [ ] No [ ] Yes [ ] Uncertain / Comments: ______
   Does the person want help to find employment or vocational training? [ ] No [ ] Yes / Comments: ______
   Income/Financial Support (sources of and adequacy of financial support; own and/or parents/family): ______

Section: Medical and Physical Health Summary
1. Old wording: Medication
   New wording: Medication Allergies and Medication Sensitivities (including OTC, herbal)
2. Question addition: Does the person use complimentary health approaches (e.g. natural products, mind-body practiced, yoga)?
   Answer addition: Yes (checkbox), No (checkbox), If yes, please describe (text field)
3. Question addition: Does the person wish to consider using complimentary health approaches and want help finding a provider?
   Answer addition: Yes (checkbox), No (checkbox), If yes, please describe (text field)

   Medical and Physical Health Summary
   OR [ ] Refer to Attached Physical Health Assessment

   Allergies: [ ] No Known Allergies [ ] Yes, list below:
   Food: ______
   Environmental: ______
   Medication Allergies and Medication Sensitivities (including OTC, herbal): ______

   Medical and Physical Health Summary:
   Current: ______

   History (Health history including immunization status, prenatal exposure to alcohol and drugs, chronic conditions, significant dental history, and current physical complaints that may interfere with the person’s served functioning, issues of language, speech, hearing, vision, intellectual, sensory and motor development): ______

   Does the person use complimentary health approaches (e.g. natural products, mind-body practices, yoga)? [ ] Yes [ ] No
   If yes, please describe: ______

   Does the person wish to consider using complimentary health approaches and want help finding a provider? [ ] Yes [ ] No [ ] NA
   If yes, please describe: ______

   Pain Screening: ______
Changes to the Physical Health Assessment

Section: Allergies
1. Old wording: Medication

   New wording: Medication Allergies and Medication Sensitivities (including OTC, herbal)

| Allergies: | No Known Allergies | Yes, list below: |
| Medication Allergies and Medication Sensitivities (including OTC, herbal): | |
| Food: | Environmental: |

Section: Complimentary Health Approaches
This section is new. It was added below “Unresolved Surgical Care Needs”.

1. Field Addition: Complementary Health Approaches
2. Question addition: Does the person use complimentary health approaches (e.g. natural products, mind-body practiced, yoga)?
   Answer addition: Yes (checkbox), No (checkbox), If yes, please describe (text field)
3. Question addition: Does the person wish to consider using complimentary health approaches and want help finding a provider?
   Answer addition: Yes (checkbox), No (checkbox), If yes, please describe (text field)

| Unresolved Surgical Care Needs | Yes | No |
| If yes, explain: |

Complimentary Health Approaches:

1. Does the person use complimentary health approaches (e.g. natural products, mind-body practices, yoga)?
   Yes [☐] No [☐] If yes, please describe: [☐]

2. Does the person wish to consider using complimentary health approaches and want help finding a provider?
   Yes [☐] No [☐] NA [☐] If yes, please describe: [☐]
Changes to the Discharge Summary/Transition Plan

Section: Strengths, Needs, Abilities and Preferences (S.N.A.P) and Status at Last Contact
1. Old wording: Status at Last Contact

New wording: Strengths, Needs, Abilities and Preferences (S.N.A.P) and Status at Last Contact

Section: Health and Safety Concerns
1. Old wording: Health and Safety Concerns (include behavioral, medical and/or substance use issues)
   Answers: Not applicable (checkbox) (text field)

New wording: Health and Safety Concerns (include behavioral, medical and/or substance use issues. Include risk of overdose.)
   Answers: (text field) NA (checkbox)

Section: This section mandatory for BSAS licensed services
This section is new. It was added below “Health and Safety Concerns (include behavioral, medical and/or substance use issues. Include risk of overdose.)”
1. Field addition: This section is mandatory for BSAS licensed services
2. Field addition: Describe the person’s current vocational, educational, and financial status
   Answer addition: (text field)
3. Field addition: Describe the person’s current legal problems
   Answer addition: NA (checkbox) (text field)
4. Field addition: Describe supports and services available to the person after discharge, provided by the licensee or by others
   Answer addition: (text field)

Section: Referred To
1. Old wording: For (describe services/supports, rationale, list dates/times of appointments if known)
New wording: For (describe recommended services/supports, rationale, list dates/times of appointments if known)

<table>
<thead>
<tr>
<th>Referred To (Agency/Program Name, Location, and Contact Information):</th>
<th>For (describe recommended services/supports, rationale, list dates/times of appointments if known):</th>
<th>Date(s)/Time(s) of Appts. If Known:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Changes to the Legal Involvement and History Addendum

Section: Describe the extent to which the person’s legal situation…
This section is new. It was added below “Juvenile Court Involvement”.

1. Field addition: Describe the extent to which the person’s legal situation will influence his or her progress in care, treatment, or services, and the urgency of the legal situation. Include the relationship between the presenting conditions and legal involvement (if any)

Answer addition: (text field)
Changes to the Addictive Behavior and Substance Use History Addendum

Sections: Patterns and consequences of use, History of overdose, History of physical problems associated with substance abuse, dependence, and other addictive behaviors
The following three sections are new. The fields were added under “Longest period of abstinence”.

1. Field addition: Patterns and consequences of use
   Answer addition: (text field)

2. Field addition: History of overdose (including any history of witnessing an overdose)
   Answer addition: NA (checkbox) (text field)

3. Field addition: History of physical problems associated with substance abuse, dependence, and other addictive behaviors
   Answer addition: NA (checkbox) (text field)

<table>
<thead>
<tr>
<th>Patterns and consequences of use:</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of overdose (including any history of witnessing an overdose): □ NA</td>
</tr>
<tr>
<td>History of physical problems associated with substance abuse, dependence, and other addictive behaviors:</td>
</tr>
<tr>
<td>□ NA</td>
</tr>
</tbody>
</table>

2
1
3
Changes to the Individualized Action Plan: Version 2

Sections: Does the person served have a disability..., Describe the plan for ...

1. Field addition: Does the person served have a disability that requires modification of policies, practices, or procedures?
   Answer addition: Yes (checkbox) No (checkbox) If yes, document any modifications made (text field)

2. Field addition: Describe the plan for initiation, coordination, and management of concurrent additional substance use disorder treatment, treatment of co-occurring disorders, and/or primary medical care
   Answer addition: (text field)