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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
7. Individualized Action Plan: Version 2

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?

Employment and Meaningful Activities	
Employment Status/Interests: <input type="checkbox"/>	
<input type="checkbox"/> Never Worked Currently Employed? <input type="checkbox"/> No <input type="checkbox"/> Yes; If yes, length of employment: <input type="text"/>	
(If not currently employed) – Person served wants to work? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Uncertain / Comments: <input type="text"/>	
1	<input type="checkbox"/> Does the person want help to find employment or vocational training? <input type="checkbox"/> No <input type="checkbox"/> Yes / Comments: <input type="text"/> If yes, complete Employment Addendum
Meaningful Activities (Community Involvement, Volunteer Activities, Leisure/Recreation, Other Interests): <input type="text"/>	

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 <input type="checkbox"/> 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: <input type="checkbox"/> No Known Allergies <input type="checkbox"/> Yes, list below:	
Food: <input type="text"/>	1 <input type="checkbox"/> Medication Allergies and Medication Sensitivities (including OTC, herbal): <input type="text"/>
Environmental: <input type="text"/>	
Physical Health Summary: (Include health history, chronic conditions, significant dental history, and current physical complaints that may interfere with the person's served functioning.) <input type="text"/>	
2	<input type="checkbox"/> Does the person use complimentary health approaches (e.g. natural products, mind-body practices, yoga)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: <input type="text"/>
3	<input type="checkbox"/> Does the person wish to consider using complimentary health approaches and want help finding a provider? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, please describe: <input type="text"/>

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

①

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 <input type="checkbox"/> Refer to Attached Physical Health Assessment	
Allergies: <input type="checkbox"/> No Known Allergies <input type="checkbox"/> Yes, list below:	
Food: _____	① Medication Allergies and Medication Sensitivities (including OTC, herbal): _____
Environmental: _____	
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) : _____	
② Does the person use complimentary health approaches (e.g. natural products, mind-body practices, yoga)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe: _____	
③ Does the person wish to consider using complimentary health approaches and want help finding a provider? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
If yes, please describe: _____	
Pain Screening:	

②

③

Changes to the Physical Health Assessment

Section: Allergies

1. Old wording: Medication

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

① 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: Complimentary 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:

① **Complimentary Health Approaches:**

② Does the person use complimentary health approaches (e.g. natural products, mind-body practices, yoga)?
 Yes No If yes, please describe:

③ 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

① **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)

① **Health and Safety Concerns (include behavioral, medical and/or substance use issues. Include risk of overdose):**
 NA

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)

① **This section mandatory for BSAS licensed services:**

② **Describe the person’s current vocational, educational, and financial status:**

③ **Describe the person’s current legal problems:** NA

④ **Describe supports and services available to the person after discharge, provided by the licensee or by others:**

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

Referred To (Agency/Program Name, Location, and Contact Information):	① For (describe recommended services/supports, rationale, list dates/times of appointments if known);	Date(s)/Time(s) of Appts. If Known:
[Redacted]	[Redacted]	[Redacted]

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)

①

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):

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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)

①	Patterns and consequences of use: <input type="text"/>
②	History of overdose (including any history of witnessing an overdose): <input type="checkbox"/> NA <input type="text"/>
③	History of physical problems associated with substance abuse, dependence, and other addictive behaviors: <input type="checkbox"/> NA <input type="text"/>

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)

①	Does the person served have a disability that requires modification of policies, practices, or procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, document any modifications made: <input type="text"/>
②	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: <input type="text"/>