

EXHIBIT 1

**UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS
Western Division**

_____)	
ROSIE D., et al.,)	
)	
Plaintiffs,)	
)	
v.)	
)	C.A. No. 01-30199-MAP
CHARLES BAKER, et al.,)	
)	
Defendants)	
)	
_____)	

(PROPOSED) ORDER

Subsequent to the entry of the Court’s Judgment and Remedial Plan (Doc. 367-2), the Defendants determined that Outpatient Therapy providers will be responsible for ensuring adequate care coordination services to certain children and youth with Serious Emotional Disturbance who are class members in this case. In order to improve the care coordination that class members receive through Outpatient Therapy providers, the parties have agreed to a number of steps designed to enhance the Commonwealth’s Outpatient Therapy system. These steps, as set forth in Attachment A, are hereby incorporated into the Remedial Plan as Section I.D.3.

So Ordered.

Dated:

United States District Court Judge

ATTACHMENT A

Section I.D.3 – Outpatient Therapy

A. Eligibility for Outpatient Therapy

Enhancements to Outpatient Therapy should be available to all Medicaid-eligible children and youth served by the behavioral health system. Therefore, there will be no special eligibility criteria or assessment processes for Outpatient Therapy.

B. Service Coordination Activities

The Commonwealth will establish Outpatient Guidelines and practice standards under which, outpatient therapists are expected to provide the full range of service coordination activities, including: referrals; service planning and monitoring; collateral contacts with staff agency representatives; face-to-face meetings; and case consultation with caregivers, other service providers, and natural supports (hereafter “service coordination activities”). As is the case with service coordination activities provided in In-Home Therapy and Intensive Care Coordination, there will be no limitations or caps on the content, scope, or time devoted to any service coordination activities in Outpatient Therapy, consistent with the service definitions of the Provider Manual, provided it is reasonably related to the needs of the child. Prior collateral contact restrictions on electronic communications, emails, voicemail, and record keeping will be eliminated, and requirements for advanced scheduling of case and family consultations will be deleted. Daily caps on billing for service coordination activities will be removed.

C. Reimbursement Rates

Each Managed Care Entity (MCE) will reimburse collateral contacts, family and case consultation at the same rate that it pays for face-to-face therapy. This parallels the reimbursement structure for ICC and IHT, eliminating rate distinctions between therapy and care

coordination activities, and communicating the equal value and importance of engaging in service coordination activities.

D. Consistency Across Managed Care Entities

To ensure effective statewide implementation of these outpatient service enhancements, service coordination activities, definitions, and authorization criteria will be consistent across all MCEs. In furtherance of this goal, MassHealth will direct its MCEs to adopt standard definitions, authorization parameters, and requirements for collateral contact, case consultation and family consultation services. While differences will remain between respective MCE reimbursement rates, all MCEs will be expected to ensure that rates for individual therapy are equal to rates of reimbursement for collateral contact, case consultation and family consultation services.

E. Implementation and Monitoring

Enhancements to Outpatient Therapy will begin by October 1, 2016. The defendants will revise draft Outpatient Guidelines to incorporate all of the improvements and expectations of Outpatient Therapy, and will develop specialized web-based training for outpatient therapists. Other training models may be considered for agencies and clinics that offer a significant volume of Outpatient Therapy. Targeted chart reviews and ongoing analysis of billing data will be employed as methods for monitoring the use and effectiveness of service coordination activities provided in Outpatient Therapy.