UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS, WESTERN DIVISION

ROSIE D., ***et al.,*** **Plaintiffs,** **v.** **DEVAL PATRICK,** ***et al.,*** **Defendants.**	**CIVIL ACTION** **NO. 01-30199-MAP**

REPORT ON IMPLEMENTATION

The Defendants hereby submit this Report on Implementation ("Report") pursuant to paragraphs 37(c)(i), 38(d)(i), 39(c)(i), and 47(b) of the Judgment dated July 16, 2007 in the above-captioned case ("Judgment").

EXECUTIVE SUMMARY

This Report on Implementation covers the period since the last Report on Implementation was filed, on June 1, 2010.

- At this time more than 3,600 youth are now receiving Intensive Care Coordination (" ICC"), and a total of 6,479 received ICC services in the first twelve months of the remedy services (July 1, 2009 – June 30, 2010).
- During this same twelve-month period 19,359 children and youth received at least one of the remedy services.
- In the past six months, MassHealth's Managed Care Entities (MCEs) conducted over 700 network management and technical assistance meetings with providers of the remedy

services. This is an unprecedented level of technical assistance and network management activity for MassHealth, its MCEs and providers.

- At least by two measures, this work is paying off. Massachusetts providers' scores on the Wraparound Fidelity Index (WFI) and the Team Observation Measure (TOM) exceed the current national average by 4 and 6 points, respectively.
- Screening rates continue to climb, through our tenth quarter of collecting data. The average screening rate across all age groups is now 63%. In the age group with the highest screening rates, 7 to 12 years old, the screening rate has reached 76%.
- TeenScreen National Center for Mental Health Checkups at Columbia University recently released a case study of Massachusetts' implementation of standardized behavioral health screening. According to TeenScreen: "Massachusetts has set a new standard for comprehensive mental health screening and follow-up services. Their experience can offer valuable lessons and insight for other state Medicaid programs, health care plans, and providers as they consider ways to improve upon the mental health assessment component of the well-child visit."
- ICC providers use CANS over 90% of the time.
- EOHHS, either directly or through its contractors, has improved the CANS training and certification tests and continues to offer in-person or online training, as well as in-person and over the phone technical assistance.
- MassHealth and EOHHS continue to provide information to providers and to members about the remedy services and how to access them. EOHHS has mailed or delivered over 85,000 copies of the CBHI Brochure *"Worried About the Way Your Child is Acting or Feeling?"* to primary care clinicians, clinics, hospitals, schools, child care centers, YMCAs, Girls and

Boys Club, outpatient therapists, and community groups, to name just a few, and continues to conduct trainings for state agency staff, school staff and parent groups.

REPORT

This Report details the steps that the Defendants have taken since the last Report on Implementation, submitted to the Court on June 1, 2010, to implement the tasks in Projects One through Four in the Judgment. For this purpose, the Defendants construe Projects One through Four to include all tasks described in paragraphs 2 through 46 of the Judgment.

Unlike prior Reports on Implementation, this Report does not includes paragraphs describing tasks that we previously reported as completed, in order to eliminate unnecessary and repetitive language. What follows is a description of the most significant, but by no means all, ongoing or new activities since June 1, 2010:

***Paragraph 3**: The Defendants will inform all EPSDT-eligible MassHealth Members (Members under age 21 enrolled in MassHealth Standard or CommonHealth) and their families about the availability of EPSDT services (including services focused on the needs of children with SED) and the enhanced availability of screening services and Intensive Care Coordination as soon as the EPSDT-eligible child is enrolled in MassHealth.*

MassHealth mails notices to members under the age of 21 upon (1) initial enrollment in MassHealth, (2) reenrollment after a break in coverage, and (3) annually, on or around the member's date of birth. These identical notices inform members about preventive health-care services, including EPSDT services, and the availability of MassHealth's new behavioral health services. A copy of the initial enrollment notice is attached as Exhibit 1.

***Paragraph 4**: The Defendants will take steps to publicize the program improvements they are required to take under the terms of this Judgment to eligible MassHealth Members (including newly-eligible MassHealth Members), MassHealth providers, and the general public. As part of this effort, the Defendants will take the actions described below and will also provide intensive training to MassHealth customer service representatives, including updating scripts*

used by such representatives to facilitate timely and accurate responses to inquiries about the program improvements described in this Judgment.

Brochure "*Worried About the Way Your Child is Acting or Feeling?"*

As described in the June 1, 2010 Report on Implementation, an English-language version of this brochure -- designed to inform MassHealth members, or prospective members, about the new MassHealth behavioral health services -- was launched May 7, 2010, in an e-mailed letter from EOHHS Secretary JudyAnn Bigby, MD, to over 2,000 community-based organizations, networks and individuals.

Since then, the brochure has been produced in Spanish and Portuguese versions and the Defendants completed a second mailing targeting 400 key individuals representing a broad array of family- and child-serving organizations (e.g., YWCAs, Jewish Big Brother/Big Sister, Boys and Girls Clubs, Campfire, family homeless shelters, Community action legal aid/advocacy organizations, adoption agencies, PTAs, etc.) in October 2010. To date, over 85,000 copies of the brochure have been mailed to organizations and individuals requesting them. A copy of the brochure for the western region is attached as Exhibit 2.

Customer Service

As previously reported, the Defendants executed a contract amendment with MassHealth's customer services contractor in December, 2007. Pursuant to the terms of this amendment, since the last Report on Implementation, the customer services contractor has continued to train new customer service representatives as they are hired, and provided ongoing trainings for veteran

representatives, regarding: (i) EPSDT services; (ii) standardized behavioral health screens; (iii) the CANS tool; and (iv) the remedy services, including how to access those services.

Also in this time period, MassHealth staff, in collaboration with the customer services contractor, have completely reviewed and updated the customer service representative training materials, as well as the materials in the online Knowledge Center. (The Knowledge Center is a repository of materials used by customer service representatives to answer members' or providers' questions.) These changes were made to ensure that the representatives had the information they needed to answer inquiries, including questions about applying for CommonHealth and eligibility for managed care for youth with MassHealth coverage secondary to commercial insurance coverage.

Additional activities MassHealth has undertaken to inform eligible MassHealth members, providers, and the general public about the program improvements are described in the paragraphs below.

***Paragraph 5*: MassHealth Members - The Defendants will take the following actions to educate MassHealth Members about the program improvements they are required to take under the terms of this Judgment:**

a. Updating and distributing EPSDT notices to specifically refer to the availability of behavioral health screening and services and to describe other program improvements set forth in this Judgment.

See the response to paragraph 3 above.

b. Updating and distributing (in the normal course of communications with MassHealth Members) Member education materials, including Member handbooks created by MassHealth and MassHealth's contracted managed care entities, to include description of these improvements, and how to access behavioral health screenings and services including the home-based services described in Section I.D.

MassHealth Application Package

The MassHealth member booklet in the MassHealth *application* package now contains the following language:

"Important information for children and youth with significant mental-health needs or serious emotional disturbance (SED):

MassHealth offers certain behavioral-health services for eligible children and youth under the age of 21 who are enrolled in MassHealth Standard or MassHealth CommonHealth. If your child is ineligible for MassHealth Standard and a behavioral-health assessment or other evaluation shows that your child has significant mental health needs or a serious emotional disturbance (SED), he or she may be disabled and eligible for MassHealth CommonHealth."

Member Handbooks

Once a member is enrolled in MassHealth, he or she has two weeks to select one of the health plans that cover their geographic area. If the member does not select a plan, he or she is automatically enrolled in a plan by MassHealth. Once enrolled in a plan, the member receives materials from the MCE, including a Member Handbook. All member handbooks contain a three page insert that provides information for families and youth regarding behavioral health screening, assessment, and home- and community-based services. The current insert is attached as Exhibit 3. An updated version will be available in winter 2010.

Member Newsletters

PCC Plan Member Newsletters – The PCC Plan has published articles in its Member Newsletter regarding program improvements. This winter the PCC Plan Member Newsletter will include an article entitled: "Emergency Services, Right When You Need Them."

Additionally, the PCC Plan maintains a website that includes pertinent information related to the remedy services for members.

MassHealth's Managed Care Organizations' (MCOs') Member Newsletters – Each MassHealth MCO has published articles in its respective Member Newsletters regarding program improvements. Listed below are the most recent articles. Each MCO also maintains a website that includes information on the remedy services for members.

Boston Medical Center HealthNet Plan

- "In-Home Therapy" (8/10) (Attached as Exhibit 4)

Fallon Community Health Plan

- "In-Home Therapy is a New Behavioral Health Service" (6/10), "Family Partners Offer Helpful Support to Families" (10/10)

Neighborhood Health Plan

- "In Home Therapy" (8/10) (Attached as Exhibit 5)
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Network Health

- "In-Home Therapy Services Available" (Summer 2010)

d. Participating in public programs, panels, and meetings with public agencies and with private advocacy organizations, such as PAL, the Federation for Parents of Children with Special Needs and others, whose membership includes MassHealth-eligible children and families.

Since the June 1, 2010 Report on Implementation, the Compliance Coordinator or her Assistant Director has held or participated in the following forums and meetings:

- June 11, 2010 - Massachusetts School of Professional Psychology Lindemann Lecture, Boston
- June 18, 2010 – Keynote, PAL Annual Stakeholders Meeting, Marlboro

- June 22, 2010 – Planning meeting with staff from the Department of Early Education and Care (DEEC), Boston
- July 21, 2010 - PAL Board Meeting, Boston
- July 27, 2010 – Planning meeting with the Commissioner and staff from the Mass. Commission for the Deaf and Hard of Hearing, Boston
- August 3, 2010 – Participation, with MCE staff, in a Deaf Culture workshop at the Walden School for the Deaf, Framingham
- August 16, 2010 – Northeastern University School Health Institute – Summer Institute for School Nurses, Hyannis
- August 27, 2010 – Planning meeting with staff from the Department of Elementary and Secondary Education
- September 17, 2010 – Training for the Massachusetts Rehabilitation Commission's Directors of MRC offices across the state (over 100 people) on the new remedy services and the MRC CBHI Protocols, Worcester
- September 28, 2010 - Massachusetts Chapter of the American Academy of Pediatrics meeting, Waltham
- September 29, 2010 – Training for over 150 "School Nurse Leaders" selected by the Mass. Department of Public Health. These School Nurse Leaders train and supervise other school nurses in their areas, Marlboro
- October 11, 2010 – Professional Advisory Council – an ad hoc group of professionals and other stakeholders in the field of children's mental health who have been meeting and advising DMH for over 30 years, Boston

- October 20, 2010 – Training for Department of Public Health Statewide Care Coordinators, Auburn
- October 21, 2010 – Training for Department of Public Health Early Intervention Programs on remedy services and DPH/CBHI protocols, Marlboro
- November 9, 2010 – Mass. Psychiatric Society, Wellesley
- November 17, 2010 – Presentation on the remedy services to member organizations of Project RIGHT (Rebuild and Improve Grove Hall Together), a collaborative of over 40 groups in the Grove Hall working together since 1991 to prevent crime and violence within the community.
- November 30, 2010 – Training for City of Boston Street Workers, co-sponsored by the City of Boston and EOHHS. Several state agencies, including MassHealth, will present on state services, including the remedy services, and how to access them.

In addition, the MassHealth Office of Behavioral Health holds regular meetings with family organizations such as the National Alliance on Mental Illness (NAMI) and the Parent/Professional Advocacy League (PAL).

Paragraph 6: MassHealth Providers – The Defendants will take the following actions to educate MassHealth providers about the program improvements they are required to take under the terms of this Judgment.

c. Drafting and distributing special provider communications related to the program improvements described in this Judgment, including how to assist MassHealth Members to access the home-based services described in Section I.D.

Information on the Remedy Services and How to Help Members Obtain Them

As described above in Paragraph 4, and in the previous Report on Implementation, in early May, 2010, the Defendants released a color brochure for families entitled, *"Worried About*

the Way Your Child is Acting or Feeling?" The brochure provides family-friendly descriptions of the six remedy services and information on how to access them. The Defendants also produced a companion publication for staff, available for download from the CBHI website: "*Helping Families Access MassHealth Behavioral Health Services for Children and Youth Under Age 21: A Guide for Staff Who Work with Children and Families.*" The guide is intended for the wide range of staff that come into contact with MassHealth Members, or prospective MassHealth Members, to give them the information they need to inform caregivers about behavioral health services available for members under age 21, and how to access those services. The targeted audience includes: school personnel, health center staff, Primary Care Clinicians, Court staff, child care providers, Early Intervention program staff, behavioral health providers and staff of community and family organizations. The Defendants continue to inform target audiences of these materials and disseminate them via e-mail, the website, and in-person meetings such as those listed in paragraph 5.d.

For more information on provider communications regarding screening, see the response to paragraph 10.

Information on Using the CANS Tool

As reported in the previous Report on Implementation, the Defendants launched an e-newsletter, known as, "*CANS*News", in January, 2010. *CANS*News is published quarterly and is another means by which the Defendants can disseminate news and provide resources to support the use of the CANS.

d. Updating and distributing existing provider education materials to reflect the program improvements described in this Judgment.

PCC Plan Provider Newsletters – This Fall, the PCC Plan Provider Newsletter included an article entitled: "Behavioral Health Screening Rates Continue to Rise." In addition, the PCC Plan maintains a website that includes pertinent information related to the remedy services for providers.

MassHealth's Managed Care Organizations' (MCOs') Provider Newsletters – Each MassHealth MCO has published articles in its respective Provider Newsletters regarding remedy services. Listed below are the most recent articles. Each MCO also maintains a website that includes information on the remedy services for providers.

Boston Medical Center HealthNet Plan
- "Kids' Annual Physicals and Behavioral Health Screens: Do Both at the Same Time" (7/10), "Behavioral Health Screening Rate Continues to Rise" (11/10)

Fallon Community Health Plan
- "PCPs Continue to Increase Rate of Behavioral Health Screenings" (11/10)

Neighborhood Health Plan
- "PCPs Continue to Increase Rate of Behavioral Health Screenings" (10/10)

Network Health
- "Primary Care Providers Continue to Increase Behavioral Health Screening Rate" (8/10)

Health New England
- "CBHI Behavioral Health Screenings" (9/10)

g. Expanding distribution points of existing materials regarding EPSDT generally, including the program improvements described in this Judgment.

The Defendants maintain a website for the Children's Behavioral Health Initiative that is accessible through Mass.gov, and directly through the Home pages of MassHealth, the

Department of Children and Families, the Department of Mental Health and the Department of Youth Services. The CBHI site contains information for MassHealth providers, members, the broader community of human service providers, stakeholders and members of the general public about EPSDT and the program improvements undertaken by the Defendants in response to the Judgment. The Defendants are currently in the process of revising the website to, among other things, include new material of interest to people in the fields of Early Education and Care, Pre K -12 Education, and Higher Education.

The defendants continue to develop and maintain e-mail distribution lists for the dissemination of timely information relevant to the remedy services.

h. Holding special forums for providers to encourage clinical performance activities consistent with the principles and goals of this Judgment.

Meetings with Behavioral Health Providers Regarding CANS Assessments

The Defendants continue to meet with providers in person and by conference call to support skillful use of the Child and Adolescent Needs and Strengths tool in the clinical assessment process, in treatment planning, and to track clinical progress. As reported previously, beginning in September, 2009, the Defendants initiated a series of conference calls and face-to-face meetings designed to facilitate the sharing of best practices for using the CANS, as identified by providers and by the Commonwealth. These meetings continue on a monthly schedule, with the exception of a two-month break over the summer. The Defendants anticipate that calls and meetings will continue to be held through June, 2011. Staff of the UMass CANS Training Program are identifying and documenting best practices culled from these calls and meetings, to be disseminated to CANS assessors.

"*CANS*News", launched January, 2010, is a quarterly e-newsletter through which the Defendants can disseminate news and provide resources to support the use of the CANS. (See paragraph 6.c.)

The Defendants also continue to provide regular conference calls for technical support to CANS assessors. As long as providers find these calls useful, the Defendants expect to offer them through at least June, 2011.

List of CANS-Related Meetings:

June 23, 2010 - CANS Community of Practice at St. Vincent's Home in Fall River

July 9, 2010 - CANS Technical Assistance Conference Call

September 29, 2010 - CANS Community of Practice at Mass Advocates in Framingham

October 13, 2010 - CANS Technical Assistance Conference Call

October 27, 2010 - CANS Community of Practice at FCP in Hyannis

Meetings with Behavioral Health Providers Regarding the Remedy Services

Outpatient Providers

MassHealth's contracted health plans sponsored two Outpatient Provider Forums on June 2 in Worcester and June 11 in Newton. The purpose of these Provider Forums was to provide Outpatient Therapy providers with information about the remedy services, High-Fidelity Wraparound, the CANS tool in practice, and the responsibilities of outpatient providers as one of three clinical service hubs (in addition to In Home Therapy and Intensive Care

Coordination) through which youth and families can access In-Home Behavioral Services and Therapeutic Mentoring. In addition, the Outpatient Provider Forums were an opportunity to reach Social Workers, Mental Health Counselors and Marriage and Family Therapists, who attend to earn free Continuing Education Units for their participation.

i. Coordinating these efforts with the "Virtual Gateway," which is the EOHHS system for web-based, online access to programs, including MassHealth and related benefit programs such as food stamps, and which allows a wide array of hospitals, community health centers, health and human services providers, and other entities to assist children and families in enrolling in MassHealth.

EOHHS conducts bi-monthly meetings to coordinate activities between the Virtual Gateway, UMass CANS Training Program, MassHealth's Office on Behavioral Health and the Office of the Compliance Coordinator.

***Paragraph 7: The Public - To improve public information about the program improvements the Defendants are required to take under the terms of this Judgment, the Defendants will take the following actions to present the terms of this Judgment to public and private agencies that serve children and families*:**

b. Creating new pamphlets, informational booklets, fact sheets, and other outreach materials describing these improvements.

See the response to Paragraphs 4 and 6(c), above.

c. Developing and implementing training programs for line staff at the Departments of Mental Health, Social Services, Youth Services, Mental Retardation, Transitional Assistance, and the Office for Refugees and Immigrants on how to access MassHealth services for children with SED.

As reported previously, the Defendants have finalized protocols and delivered trainings for: the Department of Children and Families, the Department of Developmental Services, the Department of Mental Health, the Department of Public Health – Bureau of Substance Abuse

Services, the Department of Public Health – School Based Health Centers, senior managers of the Department of Transitional Assistance, the Department of Youth Services and the Office for Refugees and Immigrants.

Since the last Report on Implementation, protocols have been completed for the Massachusetts Rehabilitation Commission (MRC) and training conducted for MRC's Regional Directors on Sept. 17, 2010. In addition, the Office of the Compliance Coordinator has provided trainings on the relevant protocols for the Department of Public Health's Care Coordinators and contracted Early Intervention Providers. The remaining protocols to be completed are for the Commission for the Blind and the Commission for the Deaf and Hard of Hearing.

d. Distributing outreach materials in primary care settings, community health centers, and community mental health centers and posting electronic materials on the EOHHS Virtual Gateway that are designed to provide information to MassHealth Members and to public and private agencies that come in contact with or serve children with SED or their families.

See the response to Paragraph 6(c), above.

e. Working with the Department of Early Education and Care to educate preschools, childcare centers and Head Start Programs on how to access MassHealth services for children with SED.

See the response to Paragraph 6(c), above.

f. Working with the Department of Education, the Department of Public Health and Public School Districts to educate school nurses and other school personnel on how to access MassHealth services for children with SED.

School Briefings

As reported previously, the Defendants and the Department of Elementary and Secondary Education (DESE) organized a series of briefings for school staff across the state over the

course of the 2009-2010 school year. At these meetings, the Defendants educated school staff about the remedy, the services, and how school staff can help children and youth access the services, and provided copies of the appropriate regional *"Worried About the Way Your Child is Acting or Feeling?"* brochure, which lists telephone numbers for providers of Mobile Crisis Intervention, In-Home Therapy and Intensive Care Coordination. The next briefing is scheduled for December 9, 2010 for the Bellingham School District. Currently, the Office of the Compliance Coordinator is scheduling these briefings as requested by school districts. When the CBHI Resource Guide for Schools (discussed below) is finished, EOHHS and DESE will reach out to schools to offer briefings on the Resource Guide.

CBHI Resource Guide for Schools

The Defendants are collaborating with the Department of Elementary and Secondary Education to produce a downloadable resource guide for school personnel that describes the new services and how to help children and youth access them. It will also provide tips on working with Mobile Crisis Intervention teams, Intensive Care Coordination teams and other community-based behavioral health providers.

Paragraph 8: ***The Defendants will require primary care providers who perform periodic and medically necessary inter-periodic screenings pursuant to 42 U.S.C. §1395d(r)(1) to select from a menu of standardized behavioral health screening tools. The menu of standardized tools will include, but not be limited to, the Pediatric Symptom Checklist (PSC) and the Parents' Evaluation of Developmental Status (PEDS). Where additional screening tools may be needed, for instance to screen for autistic conditions, depression or substance abuse, primary care providers will use their best clinical judgment to determine which of the approved tools are appropriate for use***.

MassHealth completed its annual review of the list of approved behavioral health screening tools with screening experts and made no changes.

Paragraph 10: ***There will be a renewed emphasis on screening, combined with ongoing training opportunities for providers and quality improvement initiatives directed at informing primary care providers about the most effective use of approved screening tools, how to evaluate behavioral health information gathered in the screening, and most particularly how and where to make referrals for follow-up behavioral health clinical assessment. Additional quality improvement initiatives will include improved tracking of delivered screenings and of utilization of services delivered by pediatricians or other medical providers or behavioral health providers following a screening and use of data collected to help improve delivery of EPSDT screening, including assuring that providers offer behavioral health screenings according to the State's periodicity schedule and more often as requested (described in Section I.E.2).***

Resources for Primary Care Clinicians

Screening Toolkit

In early May, 2010, the Defendants issued an updated Primary Care Behavioral Health Screening Toolkit for the MassHealth Children's Behavioral Health Initiative (CBHI). PCCs can download the kit from the CBHI website or order it for free from the Primary Care Clinician Plan's Health Education Materials Catalog.

Referral Information for PCCs

The Defendants have ensured that the CBHI Family brochure[1] and the Guide for Staff, described in Paragraph 6.d, have been electronically distributed to Primary Care Clinicians through MassHealth's Managed Care Entities (MCEs) as well as the appropriate medical associations and guilds. The documents also appear on the CBHI website.

Quality Improvement Activities

As previously reported, MassHealth has formed the CBHI Screening Quality Improvement Workgroup, to coordinate quality improvement (QI) activities related to behavioral health screening across MassHealth's three service delivery systems: Managed Care Organizations, the

[1] Along with brochure ordering information.

Primary Care Clinician program and fee-for-service Medicaid. Since the last Report on Implementation, the Workgroup has finalized specifications to streamline MassHealth's ability to extract reports from the claims system. In addition, the Workgroup has selected two quality improvement projects, each targeting "outlier" groups in the screening data. The first group is hospital outpatient departments that, on average, have lower rates of billing for screening than other primary care providers. Using claims data, the workgroup will poll a small number of hospital outpatient departments, some with very high rates of billing for screening and some with very low rates of billing for screening. The Workgroup seeks to learn whether the low rates of billing reflect lower screening rates, or a billing issue, to compile information about best practices and to identify any barriers. Based on the interviews, the group will devise interventions to help outpatient units improve screening rates and/or billing for screening. The second project, which will follow the first, is to look at screening by providers who see young people ages 18 through 20. The average rate of screening for this group is less than half of that for youth 6 months old to 17 years old. Again, the group will select a sample of providers with high and low screening rates for youth 18-20, develop a questionnaire, interview providers and develop interventions to improve screening rates and/or billing for screening.

External Evaluations of MassHealth's Implementation of Standardized Behavioral Health Screens

On November 16, 2010, TeenScreen National Center for Mental Health Checkups at Columbia University released "Rosie D. and Mental Health Screening, A Case Study in Providing Mental Health Screening at the Medicaid EPSDT Visit" documenting MassHealth's implementation of standardized behavioral health screening. According to TeenScreen: "Massachusetts has set a

new standard for comprehensive mental health screening and follow-up services. Their experience can offer valuable lessons and insight for other state Medicaid programs, health care plans, and providers as they consider ways to improve upon the mental health assessment component of the well-child visit."[2] Based on interviews with stakeholders in Massachusetts, the case study identifies several implementation factors key to MassHealth's success, including:

- Engagement of stakeholders
- Decision to pay providers for screening
- Education of providers
- Monitoring of implementation and outcomes.

An Executive Summary of the case study is attached as Exhibit 6.

Paragraph 12: ***The Defendants will provide information, outreach and training activities, focused on such other agencies and providers . In addition, the Defendants will develop and distribute written guidance that establishes protocols for referrals for behavioral health EPSDT screenings, assessments, and services, including the home-based services described in Section I.D., and will work with EOHHS agencies and other providers to enhance the capacity of their staff to connect children with SED and their families to behavioral health EPSDT screenings, assessments, and medically necessary services.***

See response to paragraphs 6(c) and 7(c) above.

Paragraph 16: ***The Defendants will implement an assessment process that meets the following description:***

a. In most instances, the assessment process will be initiated when a child presents for treatment to a MassHealth behavioral health clinician following a referral by the child's primary care physician based on the results of a behavioral health screening. However, there are other ways for children to be referred for mental health services. A parent may make a request for mental health services and assessment directly to a MassHealth-enrolled mental health provider, with or without a referral. A child may also be referred for assessment and services by a provider, a state agency, or a school that comes into contact with a child and identifies a potential behavioral health need.

[2] Pg. 2, *Rosie D and Mental Health Screening*, TeenScreen National Center for Mental Health Checkups at Columbia University, 2010

b. Assessment typically commences with a clinical intake process. As noted, Defendants will require MassHealth providers to use the CANS as a standardized tool to organize information gathered during the assessment process. Defendants will require trained MassHealth behavioral health providers to offer a clinical assessment to each child who appears for treatment, including a diagnostic evaluation from a licensed clinician.

Completed. Additional steps that the Defendants are taking to continue to support proper use of the CANS:

The Defendants ensure that behavioral health clinicians who use the CANS are certified in the use of the CANS tool. To be certified, clinicians must pass an online certification examination that has been approved by CANS developer John Lyons, PhD. Clinicians who fail to attain a passing score have the opportunity to retake the examination. Recertification is required every two years. The Defendants provide in-person and online CANS training free of charge. Certification is also free. The first wave of clinicians who became certified in 2008 became due for recertification, beginning in May 2010. In consultation with Dr. Lyons, the UMass CANS Training team redesigned the CANS online training and the CANS certification examination, with the goal of increasing the effectiveness of the training and the accuracy of the examination. These changes were completed on April 12, 2010 and were implemented in time for recertification of currently certified clinicians. As of November 4, 2010, the overall successful pass rate for clinicians who have been certified using the redesigned CANS Certification exam has risen from 71.68% to 93.38%.

Other activities to support high quality use of the CANS are described in Paragraph 6.g.

<u>Paragraph 30:</u> Intensive care coordination services are particularly critical for children who are receiving services from EOHHS agencies in addition to MassHealth. In order to assure the success of the care planning team process and the individualized care plan for a child with multiple agency involvement, EOHHS will ensure that a representative of each such EOHHS agency will be a part of the child's care planning team. Operating pursuant to protocols

developed by EOHHS, EOHHS agency representatives will coordinate any agency-specific planning process or the content of an agency-specific treatment plan as members of the care planning team. EOHHS will develop a conflict-resolution process for resolving disagreements among members of the team.

See the response to Paragraph 7, above.

Paragraph 38: ***Development of a Service Delivery Network***

c. Tasks performed will include:

ii) Engaging in a public process to involve stakeholders in the development of the network and services.

In addition to the activities reported in previous Reports on Implementation, the Defendant is engaged in the following current, ongoing, consultative processes:

- The MassHealth Office of Behavioral Health holds regular meetings with relevant provider trade associations, including a monthly meeting with the Association of Behavioral Healthcare.

- The MCEs meet monthly with a group of provider stakeholders, consisting of a group of providers delivering CBHI services from across the state, representatives of the Association for Behavioral Healthcare, and MassHealth. The purpose of this group is to work collaboratively to identify areas of strength and need and to brainstorm options and develop creative and mutually agreeable strategies to address issues and improve the system.

iii) Planning concerning anticipated need and provider availability.

Provider Networks

As described in previous Reports on Implementation, the Defendants directed MassHealth's contracted health plans to procure a network of 32 Community Service agencies. In addition, there are 21 Mobile Crisis Intervention providers across the state.

Updates on Provider Networks for In Home Behavioral Services, Therapeutic Mentoring and In Home Therapy

The tables below indicate the number of providers per region for each of these services. (MCE common network providers are network providers for ALL of the plans. MBHP is the Massachusetts Behavioral Health Partnership, BMCHP is the Boston Medical Center HealthNet Plan, NHP is Neighborhood Health Plan and FCHP is Fallon Community Health Plan.)

REGION	NUMBER OF IN-HOME BEHAVIORAL SERVICES PROVIDERS AS OF 11-29-10			
	MCE common network providers	MBHP additional network providers	BMCHP NHP FCHP additional network providers	NETWORK HEALTH additional network providers
Northeast	2	1	1	0
Boston/Metro	3	1	1	0
Southeast	2	2	1	0
Central	4	1	1	0
Western	7	1	1	0

REGION	NUMBER OF THERAPEUTIC MENTORING PROVIDERS AS OF 11-29-10			
	MCE common network providers	MBHP additional network providers	BMCHP NHP FCHP additional network providers	NETWORK HEALTH additional network providers
Northeast	8	4	2	0
Boston/Metro	14	6	5	3
Southeast	10	7	6	0
Central	8	4	4	1
Western	13	0	0	0

REGION	NUMBER OF IN-HOME THERAPY PROVIDERS AS OF 11-29-10			
	MCE common network providers	MBHP additional network providers	BMCHP NHP FCHP additional network providers	NETWORK HEALTH additional network providers
Northeast	10	2	1	1
Boston/Metro	16	11	7	2
Southeast	12	5	6	0
Central	12	0	4	0
Western	11	1	1	0

Technical Assistance to Providers

MassHealth has provided – and will continue to provide– extensive technical assistance to providers of the Remedy Services. Many, but not all of those activities are described below:

Vroon Vandenburg Training and Coaching for ICC Providers
In collaboration with the MCEs and the CSAs, MassHealth planned and launched a second year of training and coaching on high fidelity Wraparound with Vroon Vandenberg LLC (VVDB). While the focus of the first year was largely on initial training of a large workforce of Care Coordinators, Family Partners and their supervisors, the focus of the second year is primarily on increasing fidelity and on developing the

capacity of CSAs to train and coach their own staff. As a result, the format has changed from large-group training of line staff to seminar-style training of supervisors. VVDB provided supervisor training at five locations across the state in September and October; and two statewide training series in November. VVDB is also in the process of revising its Wraparound curriculum and materials for use by CSAs in small group trainings. Finally, VVDB coaching continues with all CSAs.

Training has a much greater impact on behavior when combined with follow-up coaching, and therefore, six experienced coaches from Vroon VanDenBerg have been working with the thirty-two CSAs building on skills introduced in the trainings. Each CSA has one coach, with other Vroon VanDenBerg staff available if needed for consultation on specific issues. Coaches completed initial visits to their CSAs in November and have continued to work with CSAs through a combination of onsite and telephonic consultation. Each CSA has an individualized coaching plan.

Community Service Agency (CSA) – Quarterly Statewide Meetings

Since June 1, 2010, the MCEs have convened three statewide meetings with representatives from the 32 CSAs including Program Directors, Senior Care Coordinators and Senior Family Partners. Training topics presented during these statewide meetings included:

- Service Provision of In-Home Behavioral Services
- Massachusetts Early Childhood Comprehensive Services Project presentation regarding youth under the age of six

- MassHealth presentation on How to Conduct Batch Eligibility Review Checks
- Presentation by Consumer Quality Initiatives (CQI), the contractor who collected the Wraparound Fidelity Index (WFI) data, on the data collection experience
- MCE presentation of the aggregated Massachusetts FY10 Wraparound Fidelity Index data
- Presentations by providers on promising practices in the areas of:
    - improving timely access to care
    - SOC committee development
    - conflict resolution
    - managing insurance plan changes
    - CSA programmatic operations, ensuring timely billing and productivity
    - developing infrastructure to ensure completion of fidelity measures
    - documenting medical necessity criteria in a wraparound model
    - identification of natural supports
    - care coordination with other CBHI providers
    - addressing care coordination and clinical needs of youth under six

The MCEs also convened one CSA specialty provider meeting attended by the Directors, Senior Care Coordinators and Senior Family Partners of the three specialty CSAs. This venue afforded specialty CSAs the opportunity to share common and unique accomplishments and collaborate with one another around overcoming challenges to accessing and providing culturally competent services in the larger system of care/community.

Community Service Agency (CSA) – MCE Technical Assistance Team Meetings

In the six month period between May 1, 2010 and October 31, 2010, the MCE Technical Assistance (TA) teams facilitated nearly 150 individual TA meetings with directors of the 32 CSAs. The TA teams consist of one MBHP representative and one other MCE plan representative (from either FCHP, BMCHP, NHP, or Network Health). The goal of these meetings was to increase the TA teams' awareness of provider challenges and provider level and system level accomplishments, as well as to identify areas for provider improvement and develop action plans as needed. Topics addressed in technical assistance meetings included: the use of fidelity instruments, adhering to Wraparound principles, ensuring timely access to care for members, ensuring appropriate youth/staff ratios, developing efficient and consistent intake processes and eligibility verification processes, adhering to performance specifications, understanding and properly documenting medical necessity criteria in the context of Wraparound and family voice and choice, developing good Risk Management/Safety Plans, use of psychiatric consults, CANS compliance, and integrating the CANS with the comprehensive home-based assessment, and the Wraparound "strengths, needs, and culture discovery."

During these TA meetings, special attention was given to ensuring ICC collaboration with the larger system of care for youth and families. TA teams focused on collaboration and coordination of care when interfacing with MCI and other CBHI providers, behavioral health providers, primary care physicians, state agencies, schools, inpatient and Community Based Acute Treatment (CBAT) facilities. To support, monitor and

sustain collaboration in the larger system of care, the MCE representatives have participated in over 100 System of Care Committee meetings in the past 6 months.

In-Home Therapy (IHT)

The MCEs convened five regionally based consultation sessions for IHT supervisors. These sessions were a follow up to a two-part training series for all IHT staff and supervisors held in April. Topics included collaborating with the system of care, engaging and partnering with families, basic components of the In-Home Therapy model, solution-focused family therapy interventions, risk management safety planning, eliciting youth/family strengths and culture, and understanding risk and protective factors.

The MCE TA teams conducted 79 provider level technical assistance meetings (this number reflects the total that will be complete by November 30, 2010). Meetings were held at program site locations across the state and included the directors of the IHT programs. These meetings addressed opportunities for improvement, as well as achievements. Topics discussed included: ensuring timely access to care; effective collaboration with MCI and other service providers regarding risk management safety planning; collaborating with ICC, as well as with "hub dependent" providers for whom IHT is providing care coordination; effective youth/staff ratios; ensuring staff's adherence to program specifications, using the CANS to assess youth/family needs and inform service planning, developing efficient intake and eligibility verification processes, clinical activities of IHT, documentation of medical necessity and practical implications of family voice and choice.

Therapeutic Mentoring

The MCEs provided five regionally based consultation sessions for TM supervisors. These consultation sessions were a follow up to a two-part training series for TM providers held in April. Themes addressed included: identifying protective factors in youth, developing intentional skill building activities with youth and using curriculum-based activity planning.

The MCE TA teams conducted 74 technical assistance meetings held at the program site locations across the state with the directors of each TM program. In these meetings, MCEs addressed opportunities for improvement, as well as achievements. Topics discussed included: integrating the "clinical hubs"[3] care plan or treatment plan with the TM plan; using the comprehensive assessment inclusive of the CANS in the development of the TM curriculum for intentional skill building; what supervisors need in order to help TM staff with role definition and intentional skill building; adhering to goal-oriented TM interventions that are aligned with the hub treatment or care plan; adhering to performance specifications; effective youth/staff ratios; the role of the TM in ICP meetings; collaborating with hubs regarding risk management safety planning; timely access to care; and developing efficient intake and eligibility verification processes.

[3] Clinical "hubs" are either outpatient therapy, In Home Therapy or ICC. They are "hubs" because they perform a comprehensive assessment and produce a comprehensive treatment plan. "Hub dependent services" – In Home Behavioral Services, Therapeutic Mentoring and Family Support and Training, perform more circumscribed assessments and develop narrower treatment plans that need to be coordinated with the broader assessment and treatment plan.

Mobile Crisis Intervention

The network management of MCI has been a data-driven process from the first month of operation, with MBHP (the manager of this service) providing individual MCI agencies with substantial provider-level data on key operations. MBHP reviews MCI data and discusses the status of this service with MassHealth and DMH during bi-monthly meetings.

During the period from May 1 through October 31, 2010, MBHP continued to offer extensive training and technical assistance to each of the 21 ESP/MCI teams across the state, in statewide, regional and provider-specific venues.

MCI Statewide Forums

MBHP held an MCI Promising Practices conference in June 2010 to highlight some of the aspects of MCI in which the MCI providers had developed successful practices across the state during the first year of MCI services. These presentations involved multiple stakeholders including family members. The conference also identified several opportunities for improvement to form the basis of training and technical assistance as well as network management activities in FY11.

MCI Regional Forums

The MCI regional TA forums, also facilitated by Kappy Madenwald and attended by MBHP staff, focused on the following topics:

- resolution-focused interventions beginning with the framing of an intervention
- the strategic use of bi-disciplinary team
- service delivery spanning the 72-hour timeframe

MCI Provider-Specific TA Meetings

National MCI consultant Kappy Madenwald conducted 13 individual MCI provider technical assistance meetings addressing the following topics:

- MCI theory and philosophy
- Risk Management & Safety Planning
- Family Voice and Choice
- Role of the Family Partner
- Communication between clinicians and family partners
- Review of individual children and families served
- Supervision of MCI teams
- Triage/Dispatch – maximizing efficiencies
- Utilization of the 72-hour timeframe
- Creative Diversions
- Community education

In Home Behavioral Services (IHBS)

From May 1 through October 31, 2010, the MCEs conducted 22 technical assistance meetings at the program site locations with the directors of IHBS programs across the state. In these meetings, MCEs addressed opportunities for improvement, as well as achievements. Topics discussed included: integration of the hub provider's comprehensive assessment inclusive of the CANS and care or treatment plan and into the IHBS behavior plan; adherence to performance specifications; IHBS staff's role at ICP meetings; collaboration with hub service regarding risk management safety planning;

infrastructure for verification of medical necessity for IHBS; infrastructure to ensure timely access to care; effective youth/staff ratios and efficient intake and eligibility verification processes.

iv) Working with CMS to obtain approval of services to be offered and of managed care contracting documents.

Completed, but see page 41.

xi) Designing strategies to educate providers, MassHealth Members, and the general public about the new services offered.

See the responses to Paragraphs 3 through 7, above.

xii) Designing a system of contract management for managed care contracts that includes performance standards or incentives, required reports, required quality improvement projects, and utilization management review, administrative services, and claims payment protocols.

Completed, as previously reported. Recent activities are summarized below:

Meetings with Behavioral Health Providers: Health Plan Network Management

In the six-month period between May 1, 2010 and October 31, 2010, MassHealth's Health Plans, or "Managed Care Entities" (MCEs), held approximately 785 network management meetings with providers, including the group and individual technical assistance meetings described above in paragraph 38.c.iii.

Quarterly Regional CBHI "Level of Care" Meetings

A "level of care" meeting brings together providers from multiple "levels of care" in an area. Examples of these different "levels" are: inpatient care, emergency services like MCI, outpatient care, IHT, ICC and Community Based Acute Treatment beds. These meetings provide the MCEs and the providers an opportunity to review how well the

different services are working together and to work together to address problems. The goal is to ensure smooth transitions for MassHealth members using multiple services, or transitioning from one service to another.

From May 1 through October 31, 2010, the MCEs hosted 2 CBHI Level of Care meetings in each of the five regions, totaling 10 meetings. Topics included lessons learned in holding CPT meetings in the acute care setting, risk management safety planning with youth in acute care, implications for use of Strengths Needs Culture Discovery and brainstorming options to meet needs in the acute care settings. Providers from inpatient and Community Based Acute Treatment (CBAT) facilities also attended these meetings.

The second series of CBHI level of care meetings were held in September 2010. These meetings focused on the following provider-selected themes that emerged during technical assistance meetings: strengthening the documentation regarding the goals for the youth; integration of care; processes for updating/disseminating the Risk Management Safety Plan and other pertinent documents among providers; role clarification among TM, IHT and Community Support Program(CSP) staff; how/when to involve siblings in goals or interventions; the TM model and the youth's engagement in group activities within this model**;** lessons learned in improving access to care; differentiating between outpatient services delivered in the home and IHT; understanding the IHBS model.

MCI Network Management Meetings

Also throughout the reporting period, MBHP network management staff conducted ongoing network management meetings with each of the 17 MBHP- managed ESP/MCI providers, on approximately a monthly basis, totaling approximately 102 such meetings. In many cases, MBHP staff had weekly and sometimes even daily contact with these providers. MBHP regional network management staff also conducted regional ESP/MCI meetings on approximately a bimonthly basis, totaling approximately 15 meetings during this reporting period. MBHP also continued to host monthly statewide ESP/MCI meetings with all ESP Directors and MCI Managers. These meetings included the other MassHealth-contracted MCEs, both in developing the agenda and participating in the meetings. Topics have included the review of statewide MCI data, access to care, response times, risk management and safety planning, MCI standardized clinical documentation, family partner and paraprofessional role clarification, MCI integration and collaboration with other CBHI services, MCI referrals to CBHI levels of care, MCI interventions in the Emergency Departments of acute hospitals, and MCI training requests.

MBHP has become aware of several concerns within the MCI network regarding access to MCI services. MBHP has developed an action plan to address identified areas for improvement, including planned follow up on the statewide, regional and provider level. This includes: an e-mail to all ESP/MCI CEOs informing them of the general feedback received; phone calls to several individual CEOs where warranted; addressing training protocols and MCI staffing with ESP/MCI managers during statewide ESP/MCI meetings; reviewing program specifications, such as the 24/7/365 MCI hours of

operation, with managers; requesting MCI family and stakeholder satisfaction data from the providers that collect it; updating the ESP/MCI directory and reminding providers of the continuing opportunities for technical assistance from Kappy Madenwald and statewide trainings including presentations by the Parent/Professional Advocacy League.

Paragraph 39: ***Project 4: Information Technology System Design and Development***

Introduction

As previously reported, EOHHS has completed the development and implementation of two web-based applications to support the use of the CANS tool and to assist the Defendants to meet reporting requirements with respect to the CANS. The process of defining system capacities, designing and building the secure CBHI CANS Application hosted on the Virtual Gateway, has been described in previous reports.

CANS Application

The Defendants are currently developing a fourth release, to be made available in Winter 2010, which will simplify and improve the transfer of CANS data to the MCEs. The new release will also make it easier for providers to access their own data files for administrative and quality improvement purposes, and will improve collection data on race, ethnicity and language (by adding fields to track these criteria).

Virtual Gateway (VG) Enrollment and User Activity

The number of organizations entering CANS records continues to rise, from 260 in May to 290 as of November 1.

User Training and Support

As previously reported, the Defendants have developed materials to assist providers in using the CANS Application. These materials, which include interactive training modules, are made available to providers through a number of pathways, including through the CBHI website. In addition, VG Help Desk personnel provide technical user support. Many questions are also fielded by the UMass CANS Program and by the Office of the Compliance Coordinator.

In addition, Defendants have produced a CANS newsletter for electronic distribution to a variety of CANS stakeholders, including providers. The newsletter provides updates and refreshers about the CANS requirement, good practice using the CANS, and appropriate use of the CBHI CANS Application on the VG. Since the first release in January, 2010, three more editions were produced in April, August and November 2010. Subsequent issues are scheduled to appear quarterly, and are distributed electronically to all CANS Application users.

Paragraph 46: ***Potential Tracking Measures***

a. EPSDT Behavioral Health Screening

a. Number of EPSDT visits or well-child visits and other primary care visits.

b. Number of EPSDT behavioral health screens provided. An EPSDT behavioral health screen is defined as a behavioral health screen delivered by a qualified MassHealth primary care provider.

c. Number of positive EPSDT behavioral health screens. A positive screen is defined as one in which the provider administering the screen, in his or her professional judgment, identifies a child with a potential behavioral health services need.

The Defendants use MMIS claims data and MCE encounter data to report on all three of these measures. This report presents data for the quarters running from January through arch, 2010 and from April through June, 2010.

Quarter	**# of well-child visits**	**# of screens**	**% of visits w/ screens**	**# screens w/billing modifier**	**% BH need identified**	**% of claims w/o billing modifier**
Jan-Mar 2010	115,793	71,391	60.0%	59,480	8.2%	16.7%
Apr-Jun 2010	122,446	78,406	62.8%	65,591	8.3%	16.34%

As has been reported previously, screening rates vary by age:

Age Group	**Jan-Mar 2010**	**Apr-Jun 2010**
< 6 months	35.9%	36.8%
6 months through 2 years	65.6%	67.8%
3 through 6 years	70.6%	72.9%
7 through 12 years	73.3%	75.9%
13 through 17 years	67.2%	69.3%
18 through 20 years	28.2%	31.4%

b. Clinical Assessment

i) Number of MassHealth clinical assessments performed. A MassHealth clinical assessment is defined as any diagnostic, evaluative process performed by a qualified MassHealth behavioral health provider that collects information on the mental health condition of an EPSDT-eligible MassHealth Member for the purposes of determining a behavioral health diagnosis and the need for treatment.

The vast majority of clinical assessments are performed in outpatient therapy. Outpatient therapy providers file distinct claims for assessments. This report presents billing data for CANS assessments conducted in outpatient therapy during the period January through June, 2010:

Month	Unique Members Assessed	Unique Members Assessed – with billing code for	% of Members Assessed w/billing code

		CANS	for CANS
January	4454	2207	49.6%
February	4246	2146	50.5%
March	5242	2605	49.7%
April	4336	2156	49.7%
May	4075	2022	49.6%
June	4106	2124	51.7%

Since the fourth month of CANS implementation, the rate of using the CANS and/or billing for the CANS, has hovered at about 50%. With the new CANS application release described above in paragraph 39, the MCEs will have better access to the CANS data and will be able to begin quality improvement activities with outpatient providers.

For all other services, providers do not file a separate claim for the assessment or for using the CANS. The Defendants use data from the CANS Application to assess compliance. Last spring ICC providers were billing for CANS use approximately 50% of the time. Since then, the MCE TA teams worked with ICC providers, and the October 2010 data show that providers billed for CANS 97% of the time.

The MCEs will next assess CANS compliance by IHT providers.

ii) Number of clinical assessments that meet SED clinical criteria and indicate that the Member could benefit from intensive care coordination services.

The data shows that 90 – 94% of CANS clinical assessments indicate that the child meets either of the definitions of Serious Emotional Disturbance (SED) used in the Judgment.

c. Intensive Care Coordination Services and Intensive Home-Based Assessment

i) Number of intensive home-based assessments performed as the first step in intensive care coordination. Such assessment processes shall result in the completion of a standardized data collection instrument (i.e. the CANS tool). As part of the treatment planning process, that standardized tool will be used, and the resulting data collected on a Member level at regular intervals.

For information on assessments performed in ICC, see paragraph 46.b. above.

ii) Number of Members who receive ongoing intensive care coordination services.

The most recent CSA Monthly Report for October, 2010 indicates that there are 3,631 youth currently enrolled in ICC. The most recent CBHI Service Utilization Report, covering the first year of CBHI services, from July 1, 2009 through June 30, 2010, indicates that 6,479 youth received ICC services during this period.

d. Intensive Home-Based Services Treatment

i) Member-level utilization of services as prescribed under an individualized care plan, including the type, duration, frequency, and intensity of home-based services.

ii) Provider- and system-level utilization and cost trends of intensive home-based services.

The most recent CBHI Service Utilization Report, covering the first year of CBHI services, from July 1, 2009 through June 30, 2010, reports:

- the percentage of youth in ICC who are accessing other behavioral health services, by service category
- the intensity of services, reported as hours per month, for ICC, Family Support and Training, MCI, IHT, IHBS and TM
- average per-member utilization of any of the remedy services, by youth receiving ICC

e. Child and Outcome Measures - Member-level outcome measures will be established to track the behavioral health of an EPSDT-eligible MassHealth Member with SED who has been identified as needing intensive care coordination services over time. Defendants will consult with providers and the academic literature and develop methods and strategies for evaluating Member-level outcomes as well as overall outcomes. Member-level outcome measures would be tracked solely for the purpose of program improvement and would not be useable as a basis for arguing that Defendants are not complying with any order of the Court.

Member-level Outcome Measures

The Defendants will use CANS data and data on Member utilization of Mobile Crisis Intervention services and Inpatient care to measure member-level outcomes for children and youth receiving Intensive Care Coordination.

Inpatient Care

The Defendants are in the process of analyzing this data and expect to have a report available by the end of January, 2011.

CANS Data

The Defendants are in the process of testing different methods of measuring clinical change using CANS data.

System-level Outcomes Measures

MassHealth is using, through its Managed Care Contractors, two state-of-the-art assessment tools for measuring whether ICC provider practice conforms to the standards of High Fidelity Wraparound, the Wraparound Fidelity Index 4.0 (WFI-4) and the Team Observation Measure (TOM).

As previously reported, the Defendants, through their contractors, conducted phone interviews of caregivers of youth enrolled in ICC to complete the Wraparound Fidelity Index

(WFI-4). By the end of June, 620 phone interviews and WFI assessments had been completed. .

During the same period, the CSAs used the Team Observation Measure (TOM) to assess adherence to standards of high-fidelity Wraparound during care plan team meetings, conducting a total of 441 TOM assessments.

The data were reported to Eric Bruns, PhD, the developer of the instruments, who analyzed the data and prepared reports for the MCEs.

Massachusetts providers' overall WFI score was 78 (out of 100), four points above the current national average. Massachusetts scored above the national average in nine out of the ten Wraparound Principles measured by the WFI. TOM results were comparable, with an average score of 83, six points above the national average of 77, and above-average scores on nine out of ten Wraparound Principles.

Eric Bruns concluded by describing Massachusetts' implementation of High Fidelity Wraparound as "the fastest implementation of Wraparound in the history of Wraparound!"

f. Member Satisfaction Measures - Defendants will develop sampling methods and tools to measure Member satisfaction of services covered under this Judgment. Member satisfaction would be measured solely for the purpose of program improvement and would not be useable as a basis for arguing that Defendants are not complying with any order of the Court.

As described above, MassHealth's Managed Care contractors use the Wraparound Fidelity Index to measure Member satisfaction with their experience with Wraparound in ICC.

During State Fiscal Year 2011, the Defendants plan to gather member satisfaction data on the other remedy services, as well.

ADDITIONAL ACTIVITY

MassHealth has included Crisis Stabilization Services in its request to CMS to renew its authority to provide services that would not otherwise be permitted under federal Medicaid Law. These services are commonly referred to as Waiver services.

Respectfully submitted,

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Date: November 30, 2010

I hereby certify that a true copy of this document was served electronically upon counsel of record through the Court's electronic filing system on today's date.

/s/ Daniel J. Hammond

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