

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

DEFENDANTS' REPORT ON IMPLEMENTATION OF PROJECT ONE

The Defendants hereby submit this Report on Implementation of Project One (“Report”) pursuant the Court’s Remedial Order dated February 22, 2007.¹

This Report details the steps that the Defendants have taken to date to implement the tasks comprising Project One of the Defendants Remedial Plan in the form of the [Proposed] Judgment submitted by the Defendants on March 23, 2007. For this purpose, the Defendants construe Project One to include all tasks described in paragraphs 2-12 and 36 of the [Proposed] Judgment.

Pursuant to the Remedial Order, the Defendants have until December 31, 2007, to complete Project One.

Taking each paragraph of the [Proposed] Judgment describing Project One in turn, the Defendants hereby report as follows:

¹ By submitting this Report in accordance with the Remedial Order, Defendants do not waive, in whole or in part, any of their rights under any final judgment entered in this case.

Judgment ¶ number	Text of Judgment ¶	Steps Taken by Defendants to Implement Judgment ¶
Title	<u>A. Informing Families, Providers, and Others of EPSDT Services for SED Children -- Education and Outreach and Screening</u>	
2	As set forth below, the Defendants will improve their methods for notifying Medicaid-eligible individuals enrolled in Mass Health (“Mass Health Members”) or “Members”), Mass Health providers, public and private child-serving agencies, and other interested parties about the availability of behavioral health services, including the services described in Section I.D. below, and behavioral health screenings in primary care settings.	Not applicable. This paragraph is introductory.
Title	<u>1. Education and Outreach</u>	
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.	<p>The Defendants have updated the three notices that MassHealth sends (in English and Spanish) to MassHealth members under age 21 to notify them about preventive health-care, including EPSDT services. These notices are sent to members (1) when they are first enrolled in MassHealth (2) when members are reenrolled in MassHealth after any break in MassHealth coverage and (3) annually, on or around the member’s birthday.</p> <ul style="list-style-type: none"> ➤ These notices have been revised to specifically inform members that behavioral health screens are included as part of routine well-child care visits. ➤ Members will begin receiving these updated notices in June 2007, upon

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		<p>production of the June 2007 notices mailing file.</p> <ul style="list-style-type: none"> ➤ MassHealth plans to further revise these notices in the future (i) to provide members more detailed information about standardized behavioral health screens when those screens are implemented; (ii) to provide members more detailed information about the standardized assessment process using the Child and Adolescent Strengths and Needs (CANS) tool when that process has been developed; and (iii) to describe to members the new services focused on the needs of children with SED and Intensive Care Coordination (ICC), including how to access those services, when MassHealth implements those services.
4	<p>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</p>	<p>The Defendants are drafting language to include in EOHHS' contract with its Customer Services vendor, MAXIMUS, Inc., to specifically require MAXIMUS, Inc. to:</p> <ul style="list-style-type: none"> ➤ Train new Customer Services Representatives (CSRs) as they are hired and to provide ongoing trainings for its existing CSRs about (i) EPSDT services, including information about the standardized behavioral health screens when those screens are implemented, (ii) the standardized

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	this Judgment.	<p>assessment process using the Child and Adolescent Strengths and Needs (CANS) tool when that process has been developed, and (iii) the new services focused on the needs of children with SED and ICC, including how to access those services, when MassHealth implements those services. EOHHS will provide direction about the details of the training process.</p> <ul style="list-style-type: none"> ➤ Update the MAXIMUS, Inc. Knowledge Center, which is accessed by CSRs, to include information about (i) the standardized behavioral health screens when those screens are implemented, (ii) the standardized assessment process using the Child and Adolescent Strengths and Needs (CANS) tool when that process has been developed, and (iii) the new services focused on the needs of children with SED and ICC, including information how to access those services, when MassHealth implements those services. ➤ Update the PCC Plan member handbook, and the MassHealth managed care enrollment guide to include information about (i) the standardized behavioral health screens when those screens are implemented, (ii) the standardized assessment process using the Child and Adolescent Strengths and Needs (CANS)

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		<p>tool when that process has been developed, and (iii) the new services focused on the needs of children with SED and ICC, including information how to access those services, when MassHealth implements those services. EOHHS will provide direction about the content of these publications.</p> <p>Also, the Defendants have drafted language to include in EOHHS' contracts with the Massachusetts Behavioral Health Partnership (MBHP) and the four MassHealth-contracted Managed Care Organizations (MCOs) to specifically require them to establish a schedule of intensive training for newly-hired and current CSRs about (1) when, where and how Members may obtain EPSDT screenings and diagnosis and treatment services, and (2) the Rosie D. lawsuit. EOHHS will provide direction about the details of the training process, including a written curriculum. The Defendants expect the MBHP contract amendment to be effective on or soon after 7/1/07., and the MCO contract amendments to be effective on or soon after August 15, 2007.</p>
5	<p><i>MassHealth Members</i> - 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:</p>	

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	<p>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.</p> <p>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.</p>	<p>a. See information reported in Paragraph #3 above. Also, the Defendants are drafting a member notice to inform enrolled members about the program improvements described in the Proposed Judgment, and are developing a process for distributing this notice to members.</p> <p>b. The Defendants are in the process of updating and distributing the following:</p> <ul style="list-style-type: none"> i. <u>PCC Plan Member Handbook</u> <ul style="list-style-type: none"> ➤ The Defendants are nearly finished updating the Handbook to inform members in more detail about EPSDT services, including the fact that a behavioral health screen is included as part of routine well-child care visits. ➤ The updated Handbook is expected to be available to members in September 2007. ➤ The Defendants plan to further revise this handbook in the future (i) to provide members more detailed information about standardized behavioral health screens when those screens are implemented; (ii) to explain the standardized assessment process using the Child and Adolescent Strengths and Needs (CANS) tool when that process has been developed; and (iii) to describe to members the

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		<p>new services focused on the needs of children with SED and ICC, including how to access those services, when MassHealth implements those services.</p> <p>ii. <u>MBHP Member Handbook</u></p> <ul style="list-style-type: none"> ➤ The Defendants have drafted language to be included in EOHHS' contract with MBHP to specifically require MBHP to publish, update, and distribute an MBHP Member Handbook for members who are enrolled in MBHP but not the PCC Plan, as further directed by EOHHS. This contract language is expected to become effective on, or soon after, July 1, 2007. ➤ MBHP has nearly finished developing this Handbook with input from EOHHS. The Handbook is expected to be available to members in September 2007. ➤ The current version of the Handbook will inform members in more detail about EPSDT services, including the fact that a behavioral health screen are included as part of routine well-child care visits. ➤ The Defendants plan to direct MBHP further revise these handbooks in the future (i) to provide members more detailed information about standardized behavioral

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		<p>health screens when those screens are implemented; (ii) the standardized assessment process using the Child and Adolescent Strengths and Needs (CANS) tool when that process has been developed; and (iii) to describe to members the new services focused on the needs of children with SED and ICC, including how to access those services, when MassHealth implements those services.</p> <p>iii. <u>MCO Member Handbooks</u></p> <ul style="list-style-type: none"> ➤ The Defendants have drafted language to be included in the MCO contracts to specifically require them to update their Member Handbooks as directed by EOHHS. This contract language is expected to become effective on, or soon after August 15, 2007. ➤ The Defendants will soon begin working with the MCOs to begin updating their Member Handbooks. These Handbooks are expected to be available to members before the end of the year. ➤ The update will inform members in more detail about EPSDT services, including the fact that a behavioral health screen are included as part of routine well-child care visits.

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	<p>c. Amending Member regulations, as necessary, to describe the services described in Sections I. C and D below and other program improvements.</p>	<p>➤ The Defendants plan to direct the MCOs to further revise their Member Handbooks in the future (i) to provide members more detailed information about standardized behavioral health screens when those screens are implemented; (ii) the standardized assessment process using the Child and Adolescent Strengths and Needs (CANS) tool when that process has been developed; and (iii) to describe to members the new services focused on the needs of children with SED and ICC, including how to access those services, when MassHealth implements those services.</p> <p>c. The Defendants are in the process of revising EOHHS regulations to describe program improvements.</p> <p>➤ The Defendants expect that amendments to 130 CMR 450.000 will become effective before the end of the calendar year. See Paragraph # 6(a) below.</p> <p>➤ The regulations that become effective this calendar year will not describe the new services focused on the needs of children with SED and ICC. The Defendants plan to further revise EOHHS regulations to describe to members the new services focused on the needs of children with SED</p>

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	<p>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.</p>	<p>and ICC, including how to access those services, when MassHealth implements those services.</p> <p>d. The Defendants have taken the following steps with respect to participating in public programs, panels, and meetings with public agencies and with private advocacy organizations:</p> <p>i. <u>PAL</u> - The Defendants' Compliance Coordinator met with Lisa Lambert, the Executive Director of The Parent/Professional Advocacy League on May 9, 2007 to discuss strategies to inform the parents of MassHealth-enrolled children about the Rosie D. remedy, screenings, assessments, and services. Ms. Lambert invited the Compliance Coordinator to speak to a meeting of statewide PAL stakeholders on May 30, 2007.</p> <p>ii. <u>Mental Health Task Force</u> - In May 2007 the Compliance Coordinator addressed the Mental Health Task Force of the Massachusetts Chapter of the American Academy of Pediatrics about the planning that is underway to determine how best to implement the remedy screenings, assessments and services.</p> <p>iii. <u>Federation for Parents of Children with Special Needs</u> - The Compliance Coordinator has meetings scheduled with the</p>

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		<p>Federation for Parents of Children with Special Needs to discuss collaboration on outreach and education.</p> <p>iv. <u>Adoptive Families Together</u> – The Compliance Coordinator has meetings scheduled with Adoptive Families Together to discuss collaboration on outreach and education.</p> <p>v. <u>Additional Contacts</u> - The Compliance Coordinator will seek a variety of public forums at which to present information on the remedy screenings and plans for assessments and services, beginning in September, 2007.</p>
6	<p><i>MassHealth Providers</i> - 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:</p> <p>a. Updating EPSDT regulations to reflect the program improvements described in this Judgment.</p>	<p>a. The Defendants are drafting amendments to its All Provider regulations at 130 CMR 450.000, which include the EPSDT regulations (130 CMR 450.140-150).</p> <ul style="list-style-type: none"> ➤ These amendments will include a specific clarification that behavioral health screens are included as part of routine well-child care visits and will mandate that primary care providers screen and refer children under 21 for treatment and use a standardized behavioral health screening tool when

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	<p>b. Updating Appendix W of the MassHealth Provider Manual, which describes medical protocols and periodicity schedules for EPSDT services, to reflect the program improvements related to screenings for behavioral health described in Section I.A.2 below.</p> <p>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.</p>	<p>administering a behavioral health screen.</p> <ul style="list-style-type: none"> ➤ MassHealth will promulgate these regulations, incorporating the opportunity for public comment, in a timeframe that allows the regulations to be promulgated and any necessary operational changes to become effective no later than December 31, 2007. <p>b. The Defendants have drafted updates to Appendix W of the MassHealth All Provider Regulations to include a list of MassHealth-approved standardized behavioral health screening tools, from which primary care providers must select a tool when administering behavioral health screens for MassHealth enrolled children.</p> <ul style="list-style-type: none"> ➤ MassHealth will publish updated Appendix W in a timeframe that allows the any necessary operational changes to become effective no later than December 31, 2007. <p>c. The Defendants will develop a new stand-alone guide for MassHealth providers on how to access behavioral health services for children enrolled in MassHealth, but not enrolled in the PCC Plan or in a MassHealth-contracted MCO, which will be updated as remedy screenings, assessments and services become available.</p> <ul style="list-style-type: none"> ➤ MassHealth will publish and distribute this guide no later

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	<p>d. Updating and distributing existing provider education materials to reflect the program improvements described in this Judgment.</p>	<p>than December 31, 2007. Updates will be made after December 31, 2007 as assessments and services become available.</p> <p>d. The Defendants have identified the following materials that currently are distributed to providers which they will update (or require the contractor responsible for their publication to update) to inform providers about using standardized behavioral health screens, when those screens are implemented:</p> <ul style="list-style-type: none"> ➤ PCC Plan provider newsletters; ➤ MCO provider newsletters ➤ MassHealth “Update” provider newsletters ➤ EPSDT billing guidelines brochure ➤ PCC Plan provider contract ➤ PCC Plan provider handbook <p>The Defendants are developing a process and timeframe for updating each of these materials, which will occur no later than December 31, 2007</p> <p>The Defendants also plan to identify materials that are distributed to providers that will be updated to inform providers about the standardized assessment process using the Child and Adolescent Strengths and Needs (CANS) tool when that process has been developed, and about the new services focused on the needs of children with SED and ICC,</p>

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	<p>e. Expanding distribution points of existing materials regarding EPSDT generally, including the program improvements described in this Judgment.</p> <p>f. Implementing any other operational changes required to implement the program improvements described in this Judgment.</p>	<p>including how to access those services, when MassHealth implements those services.</p> <p>Also, the Defendants have drafted language to include in contracts with MBHP and the MCOs to require them to communicate information on the Rosie D. program improvements to their provider networks. The Defendants expect the MBHP contract amendment to be effective on or soon after July 1, 2007, and the MCO contract amendment to be effective on, or soon after, August 15, 2007.</p> <p>e. The Defendants will consider how to expand distribution points for the materials described in “d” above as updates to those documents are implemented.</p> <p>f. The Defendants are identifying changes to the Medicaid Management Information System (MMIS) that will be help to track the rate at which providers are utilizing a standardized behavioral health screening tool when administering behavioral health screens. The Defendants plan to develop a work plan and process for implementing such changes. Also, the Defendants will implement other operational changes that are identified as necessary to implement Project One and will implement further operational changes as part of other projects described in the Proposed</p>

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	<p data-bbox="418 344 878 520">g. Holding special forums for providers to encourage clinical performance activities consistent with the principles and goals of this Judgment.</p> <p data-bbox="418 1478 841 1766">h. Amending MassHealth’s managed care contracts to assure that all such entities educate the providers in their network about the program improvements described in this Judgment, as described in Paragraphs 6.a.-g. above.</p>	<p data-bbox="917 268 1052 302">Judgment.</p> <p data-bbox="917 344 1382 1178">g. The Defendants have drafted language to include in contracts with MBHP and the MCOs to specifically require each of them to conduct at least one forum per year for primary care providers to educate these providers about the importance of behavioral health screenings and appropriate referrals to behavioral health providers. (MBHP will perform forums for PCCs). Additionally, the Defendants have drafted contract language for contracts with MBHP and the MCOs to require them to implement at least one quality forum per year for behavioral health providers to encourage clinical performance activities consistent with the principles and goals of the Rosie D. lawsuit. EOHHS will provide further direction about the details of these forums.</p> <ul style="list-style-type: none"> <li data-bbox="971 1184 1382 1436">➤ The Defendants expect the MBHP contract amendment to be effective on or soon after July 1, 2007, and the MCO contract amendment to be effective on, or soon after, August 15, 2007. <p data-bbox="917 1478 1382 1873">h. The Defendants have drafted language to include in contracts with MBHP and the MCOs to require them to educate the providers in its networks about the program improvements described in sections a through g of this Paragraph. The Defendants expect the MBHP contract amendment to be effective on, or soon after July 1, 2007, and the MCO contract</p>

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	<p>i. Coordinating these efforts with the “Virtual Gateway,” which is the EOHHS system for web-based, on-line 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.</p>	<p>amendments to be effective on, or soon after, August 15, 2007</p> <p>i. The Defendants have begun to develop a strategy and implementation plan for using the Virtual Gateway to inform MassHealth providers, the broader community of human services providers, and members of the public about Rosie D. remedy services and how to obtain them. The Defendants are exploring whether to develop a link on the Virtual Gateway that points to a website containing information about screenings, assessments, and the new services focused on the needs of children with SED and ICC.</p>
7	<p><i>The Public</i> - 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:</p> <p>a. Presenting the Judgment to appropriate Commonwealth officials in the Executive Branch and the Legislature.</p>	<p>a. The Defendants have conveyed copies of the Remedial Plan or Proposed Judgment senior managers in:</p> <ul style="list-style-type: none"> ➤ the Executive Office of Administration and Finance, ➤ the Executive Office of Health and Human Services, ➤ the Office of Medicaid, and ➤ the Departments of Mental Health, Mental Retardation, Public Health, Social Services and Youth Services. <p>Informal conversations regarding</p>

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	<p>b. Creating new pamphlets, informational booklets, fact sheets, and other outreach materials describing these improvements.</p>	<p>the Proposed Judgment have been had with several Legislative Leaders or their staff. Once a final judgment has been entered, the Defendants will convey it to:</p> <ul style="list-style-type: none"> ➤ the Senate President; ➤ the Speaker of the House; ➤ the Chairs of the Senate and House Committees on Ways and Means and the Senate and House Chairs of the Joint Committees on: Health Care Financing; Mental Health and Substance Abuse; and Children and Families; ➤ the Secretary of Administration and Finance; ➤ the Secretary of Health and Human Services and her senior management staff; ➤ the Medicaid Director; ➤ the Commissioner of the Division of Health Care Finance and Policy; and ➤ the Commissioners of the Departments of: Education, Early Education and Care, Mental Health, Mental Retardation, Public Health, Social Services and Youth Services. <p>b. The Defendants envision developing new materials for the public about new services focused on the needs of children with SED and ICC in the form of “fact sheets”.</p> <ul style="list-style-type: none"> ➤ ‘Fact Sheet 1’ would be a high-level overview for the general public, which would be used to at public meetings of various stakeholders and interested parties;

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	<p>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.</p>	<ul style="list-style-type: none"> ➤ ‘Fact Sheet 2’ would be slightly more in-depth and would be provided to other agencies/groups whose staff work with children and who likely help parents to access needed screenings, assessments and services for their children; and ➤ ‘Fact Sheet 3’ would contain still further detail and would be designed for other agencies and provider staff who are directly responsible for accessing screenings, assessments and services for children in their care. <p>To assist the Defendants to perform these tasks, the Defendants are currently seeking funding from the Legislature for a Rosie D. Communications Coordinator who will have primary responsibility for developing these materials.</p> <p>c. The Defendants currently are seeking funding from the Legislature for, among other things:</p> <ul style="list-style-type: none"> ➤ staff to serve as liaisons between MassHealth and the Departments of Mental Health, Social Services and Youth Services; ➤ a Communications Coordinator. <p>Part of the role of these staff will be to work with the agencies to develop and implement staff trainings with the above-mentioned state agencies, as well as the Departments of Mental Retardation, Transitional Assistance and the Office for Refugees and Immigrants, regarding how to</p>

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	<p>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.</p> <p>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.</p> <p>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.</p>	<p>access MassHealth services, including Rosie D. remedy services.</p> <p>d. The Defendants anticipate meeting with the associations for these provider types, and working with them to place ‘Fact Sheet 1’ (described above) at the appropriate provider sites. Regarding the Virtual Gateway, please see the comments above for Paragraph 6.i.</p> <p>e. As described above in subparagraph c., the Defendants will start planning with the Department of Early Education and Care how to effectively disseminate ‘Fact Sheet 2’ to preschools, childcare centers, and Head Start programs.</p> <p>f. Similarly, the Defendants will work with the Department of Education, the Department of Public Health, and the Public School Districts to disseminate ‘Fact Sheet 2.’</p>
Title	<u>2. Screening for Behavioral Health</u>	
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	The Defendants have drafted language for inclusion in MassHealth regulations governing the EPSDT program (130 CMR 450.140-150) to require primary care providers who perform

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	<p>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.</p>	<p>periodic and medically necessary inter-periodic screenings pursuant to 42 USC 1395d(r)(1) to select from a menu of standardized behavioral health screening tools. MassHealth will promulgate these regulations, incorporating the opportunity for public comment, in a timeframe that allows for necessary operational changes to be in place to support this regulatory requirement, but in no event will this be later than December 31, 2007.</p> <p>The Defendants have proposed a menu of screening tools, which includes the Pediatric Symptom Checklist (PSC) and the Parents' Evaluation of Developmental Status (PEDS), as well as other tools to screen for autistic conditions, depression or substance abuse, and plans to request review of the menu from stakeholders, including the Massachusetts Chapter of the American Academy of Pediatrics and the Massachusetts Medical Society.</p>
9	<p>The Defendants will amend pertinent MassHealth provider regulations to clarify that all primary care providers, whether they are paid through the managed-care or the fee-for-service system, are required to provide periodic and inter-periodic screens.</p>	<p>The Defendants have drafted language for inclusion in MassHealth regulations governing the EPSDT program (130 CMR 450.140-150) to clarify that all primary care providers are required to provide periodic and medically necessary inter-periodic screens. MassHealth will promulgate these regulations, incorporating the opportunity for public comment, in a timeframe that allows for necessary operational changes to be in place to support this regulatory requirement, but in no event will</p>

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		this be later than December 31, 2007.
10	<p>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).</p>	<p>The Defendants plan to develop a set of quality improvement initiatives that they will begin to implement between the date of this Report and December 31, 2007, and that will inform primary care providers about the most effective use of the approved screening tools, educate them how to evaluate behavioral health information gathered during the screening, and will provide information on how and where they can refer members needing further behavioral health clinical assessment.</p> <p>Also, the Defendants have drafted language to be included in the contracts with the MCOs to require them to develop and implement such quality improvement activities for providers in their networks. The Defendants expect these contract amendments to be effective August 15, 2007 or soon thereafter.</p> <p>Finally, the Defendants are developing a plan for updating existing, or developing new, systems and methods to allow the Defendants to track the number of delivered screenings and the utilization of services following a screening. The Defendants plan to monitor the data gathered from such systems, and use the data to help improve delivery of EPSDT screening, including assuring that providers offer behavioral health screenings according to the State’s periodicity schedule</p>

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Title	<u>3. Identification of Behavioral Health Needs – The Role of Other EOHHS Agencies, and other Public and Private Agencies</u>	
11	MassHealth will continue its practice of not requiring a primary care visit or EPSDT screening as a prerequisite for an eligible child to receive MassHealth behavioral health services. MassHealth-eligible children and eligible family members can be referred or can self-refer for Medicaid services at any time by other, including other EOHHS agencies, state agencies, public schools, community health centers, hospitals and community mental health providers.	The Defendants do not plan to change its policy that all MassHealth members, regardless of their managed care enrollment status, may access behavioral health services without the need for a referral as a prerequisite for receiving services. MassHealth-eligible children and eligible family members can continue to be referred or to self-refer for Medicaid services at any time by other, including other EOHHS agencies, state agencies, public schools, community health centers, hospitals and community mental health providers.
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.	As described in the comments for Paragraph 7, the plan to develop and distribute written guidance that establishes protocols for referrals for screenings, assessments and services, including home-based services, and to work closely with the child-serving state and private agencies to enhance the capacity of staff to connect children with SED and their families to these screenings, assessments and services.

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36	<p><i>Project 1: Behavioral Health Screening, Informing, and Noticing Improvements</i></p> <p>a. <i>Project Purpose:</i> Implementation of improvements to behavioral health screening and clear communication of new requirements about the use of standardized screening tools.</p> <p>b. <i>Tasks performed will include:</i></p> <ul style="list-style-type: none"> i) Developing and announcing a standardized list of behavioral health screening tools. ii) Drafting managed-care or provider contract amendments and regulatory changes to conform to the new requirements. iii) Improving EPSDT Member notices concerning the availability of behavioral health and other EPSDT screening, and the availability of behavioral health services. <p>c. <i>Timelines for implementation:</i></p> <ul style="list-style-type: none"> i) Defendants will submit to the Court a written report on the implementation of Project 1 no later than June 30, 2007. ii) Completion of this project will be by December 31, 2007. 	<p>a. This section is a purpose statement, and requires no response.</p> <p>b.</p> <ul style="list-style-type: none"> i. See report in Paragraphs 6 and 8 ii. See report in Paragraphs 4, 5 (b), 6 (d), (g), and (h). iii. See report in Paragraph 3 <p>c. The submission of this report is intended to fulfill the requirement set forth in this Title.</p>

Respectfully submitted,

MARTHA COAKLEY
ATTORNEY GENERAL

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/s/ Deirdre Roney .