



# The Children's Behavioral Health Initiative Briefing

Full-service Schools Roundtable  
January 17, 2008

# The Lawsuit

---

- Rosie D was a class-action lawsuit based on a broad federal Medicaid statute (EPSDT) which requires Medicaid-eligible children under 21 be provided with any medically necessary service.
- The Court found that the Commonwealth violated two provisions of Medicaid law: EPSDT and “reasonable promptness” provisions - by not providing adequate ASSESSMENTS, SERVICE COORDINATION and IN-HOME THERAPEUTIC and BEHAVIORAL MANAGEMENT SERVICES.
- Judgment in January 2006: Court ordered the plaintiffs and Commonwealth to propose a joint plan to remedy the problems identified.
- Negotiations with plaintiffs did not result in joint plan. Both EOHHS and the plaintiffs submitted separate proposed remedial plans August 2006.
- Judge ordered the Commonwealth’s plan in February 2007 with some additional requirements and timelines.
- Final order issued July 16, 2007, making a few changes to the draft order.

# What are the goals of the remedy?

- For the 460,000 *children and youth enrolled in MassHealth*:
  - Identify children with BH needs *early*
  - Make sure children receive high-quality and comprehensive *assessments*
  - Offer improved and some new community-based services and supports to the child and family to promote healthy development in the child's home community
  - Coordinate services delivered by different providers, state agencies and school through Intensive Care Coordination

# Implementation Deadlines:

---

- Standardized BH Screening in Primary Care by 12/31/07
- Education of Providers & Members & People Who Come in Contact with MassHealth Members starting 12/31/07
- Improved, Standardized Clinical Assessment by 11/30/08
- Court-Ordered Reporting In Place by 11/30/08
- New Services to be available state-wide by 6/30/09:
  - Intensive Care Coordination (ICC)
  - Mobile crisis response and crisis stabilization services
  - In-home behavioral services
  - In-home therapy services
  - Mentor services: Therapeutic Child and Adolescent Mentors and Family Support Mentors

# Project 1: Screening

- Received appropriation to pay rate enhancement
- Regulations effective 12/31; contracts amended to require PCC to offer standardized BH screening
- Eight instruments selected; vetted with stakeholders
- Provider, Member communication materials updated
- Customer Service vendor staff trained
- Four large, well-attended PCC trainings held around the state – jointly organized and sponsored by MassHealth MCEs
- Web-based training available
- PCCs being supported by the MA Community Psychiatric Access Project
- IT System changes made to pay claims and track screens
- MCEs, PCC plan will conduct quality improvement activities related to BH screening

# Project 1: Member, Provider, Public Education

- Meetings with Family Organizations
- Have created Fact Sheets
- Dissemination underway to EOHHS staff
- Working with DPH & School Nurses to increase awareness of BH screening
- Fact Sheets for families being disseminated through community organizations, health centers
- Children's Behavioral Health Initiative website: [www.Mass.gov/MassHealth/childbehavioralhealth](http://www.Mass.gov/MassHealth/childbehavioralhealth)
- MCE contracts updated to require annual forums for PCC and BH providers related to the Remedy

# Project 2: Standardized Clinical Assessment

Assessment includes:

- Clinical Judgment
- Diagnosis
- Assessment of Functioning in multiple domains
- Family/Caregiver Strengths
- Medical information
- Review of Treatment History including medication hx and compliance
- Review other assessment information: Psych Testing, Neuro-Psych Testing, etc.

# Project 2: Standardized Clinical Assessment, cont.:

- After completing assessment process, providers will use the Child and Adolescent Needs and Strength (CANS), a standardized clinical information collection and integration tool.
- The CANS will be used as a decision-support tool to guide treatment planning

# Project 2 Status:

- Massachusetts CANS developed; being reviewed by stakeholders
- CANS for children 0-5 still under development
- Planning underway for mandatory training for 6,000 clinicians in 2008, paid for by the State
- MassHealth regulations, provider contracts and interagency service agreements will be amended
- Providers must be certified in use of CANS.
- CANS will be used as a decision-support tool for determining medical necessity. Medical necessity criteria, process, will be negotiated with Plaintiffs

# Project 3: Services Development

- State Plan Amendments prepared
- Service descriptions, specifications under development
- A Request for Information is being prepared for release. Focus is on service system design and provider qualifications.

# Service System Design in RFI:

- Propose using DSS Areas as Service Areas
- One Community Service Agency per Area
- A provider may operate more than one CSA
- CSAs must provide Intensive Care Coordination; may or may not directly provide other remedy or MassHealth services
- Agencies may jointly apply to become CSAs
- MCEs will select and will contract with one network of CSAs
- CSAs will convene local System of Care Committees to support operation of ICC

# RFI Questions

- What is the best way to ensure collaborative practice among different providers serving the same child/family
- What is the best way to structure Care Manager caseloads, given that ICC programs will serve children/families with varying intensity of need
- Clinical model of ICC: CMs do in-home clinical work with child and family or not?
- Recommended supervisory ratios?
- CM qualifications?

# Overall Schedule for Services Implementation:

- Development of new services
  - Summer through Winter '07-'08:
    - Delivery system design
    - Service area development
    - Service and provider specifications
  - Spring/Summer '08 – procurement of networks
  - Summer, Fall '08 – MCE's contract with networks
  - Winter '08, Spring '09 – provider "ramp up" activities
  - June 30, 2009 – state-wide availability of Remedy services

# Stakeholder consultation:

- Process with Plaintiffs, Court Monitor
- “Just in time” consultation with stakeholders
- Request for Information (RFI)
- Stakeholder meetings
- Children’s Behavioral Health Initiative Advisory Council