



# “Rosie D.” Remedy Implementation - an update

# Overview

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- Lawsuit
- Remedial Plan
- Implementation schedule
- Work teams and consultation processes

# The Lawsuit

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- Rosie D was a class-action lawsuit based on a broad federal Medicaid statute “Early Periodic Screening Diagnosis and Treatment (EPSDT) which requires Medicaid-eligible children under 21 be provided with any medically necessary service.
- January 2006: The Court found that the Commonwealth’s Medicaid program MassHealth had violated EPSDT and the requirement in Medicaid law that services be provided with “reasonable promptness” and directed the plaintiffs and Commonwealth to propose a joint plan to remedy the problems in MassHealth.
- Negotiations between the parties did not result in joint plan. Both the Commonwealth 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.
- Judge issued a Final order July 16, 2007, making a few changes.

# The Remedy Plan Requires:

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- Standardized BH Screening in Primary Care Settings by 12/31/07
  - MassHealth must: train providers, undertake quality improvement activities to improve the rate of screening, report to Court on numbers of screens and positive screens
- Education of Providers & Members and People Who Come in Contact with MassHealth Members starting 12/31/07
  - MassHealth must educate people about the availability of Remedy services and how to obtain them
- Improved and Standardized Clinical Assessment by 11/30/08
  - All BH clinicians serving MassHealth children and youth will be required to use a standard assessment tool: Child and Adolescent Needs and Strengths (CANS)
  - CANS will be used to help determine medical necessity and to develop service plans
  - MassHealth must report to Court on the number of assessments performed and number of children identified with serious emotional disturbance

# Requirements, continued:

- Court-Ordered Reporting In Place by 11/30/08
- New Services to be available state-wide by 6/30/09:

## Medically-Necessary Intensive Care Coordination (ICC)

- “Wraparound” model of service planning and delivery based on the principles and values of the Child-Adolescent Service System Program (CASSP)(strength-based, individualized, child-centered, family-focused, community-based, multi-system and culturally competent.)
- Coordinates services provided through other EOHHS Agencies

## Medically-Necessary Home-Based Services

- Mobile crisis response and crisis stabilization services
- In-home behavioral services
- In-home therapy services
- Mentor services: independent living skills mentors and child/family support mentors

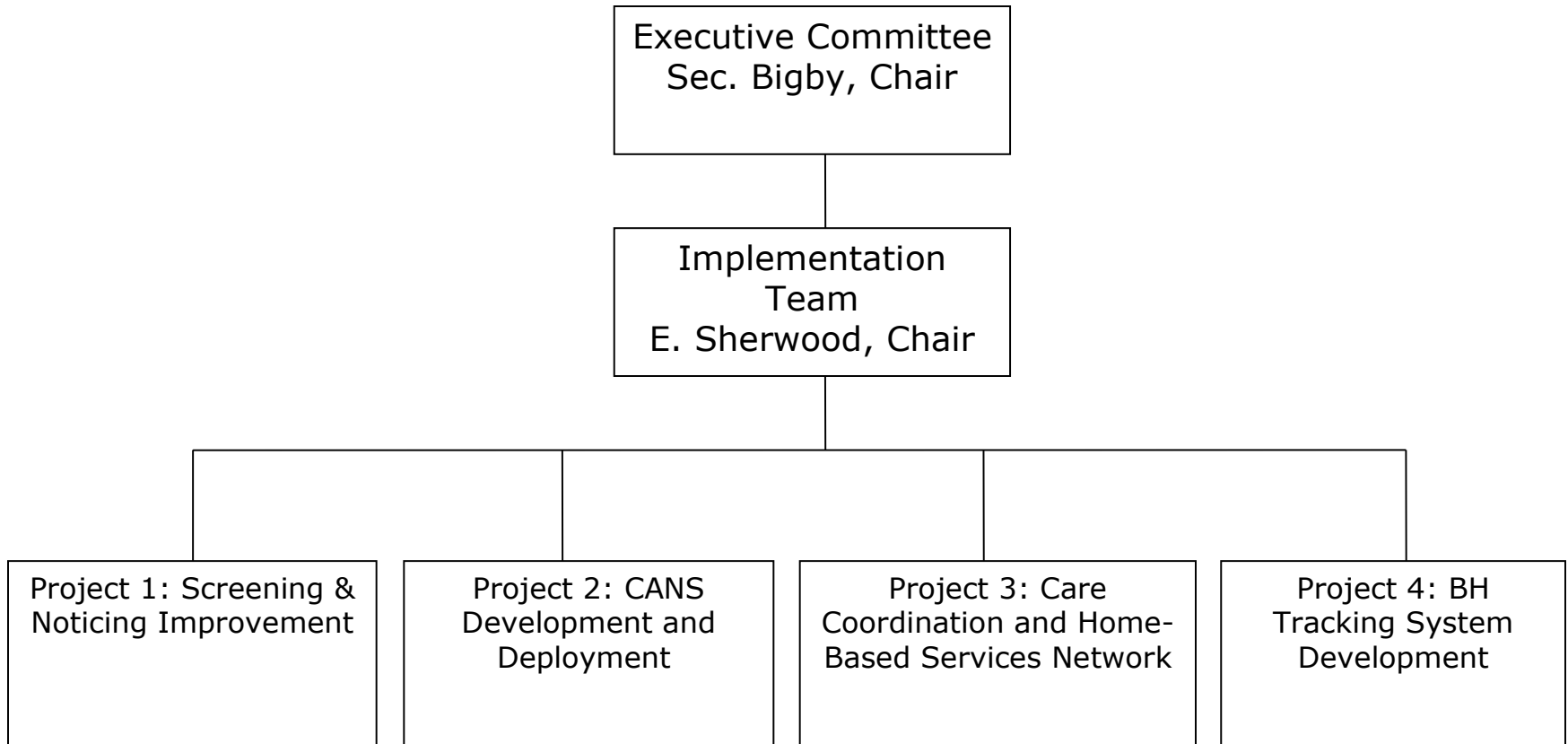
# Implementation Schedule

- Screening and informing providers and members
  - Noticing changes underway; will be ongoing
  - Regulations on track to be promulgated in Nov. '07
  - Training will take place in Nov., Dec., '07; ongoing
- Assessment:
  - Fall '07 – planning for trainings
  - Nov-Jan – contract amendments re: requiring use of CANS assessment changes
  - Jan-Nov '08 training and operational changes to support delivery and payment of assessments
  - November 30, 2008 – Universal use of CANS by BH clinicians serving MassHealth children and youth

# Implementation Schedule, cont.:

- Development of new services
  - Summer through late fall '07:
    - Service and provider specifications
    - Delivery system design, financing
    - Service area development
    - Rate development
  - October – Submission of state plan amendments to CMS
  - October, November: review with stakeholders
  - November – January: Managed Care Entities - contract amendment development and negotiation
  - Winter, Spring '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

# Rosie D. Implementation Structures





# Milestones achieved:

- All four Project Teams staffed and active
- Governance structures established
- Court Monitor, Karen Snyder, appointed and active
- First report to Court submitted early – well received by Plaintiffs, Judge
- Projects on track to meet deadlines
- EOHHS and Plaintiffs working on amendment to Massachusetts' Medicaid "State Plan"