



1. Ensuring that new provider organizations can join the In-Home Therapy (IHT) panels of MassHealth's Managed Care Entities (MCEs) without undue delay. MassHealth has worked closely with its MCEs on network and quality management since the early days of implementation of remedy services, and will continue to do so to accomplish this access step. MassHealth has put this on the agenda for upcoming discussion with MCE Behavioral Health Directors.<sup>1</sup> This, in turn, assures that any new IHT capacity that comes on-line promptly becomes available to those waiting for access to the service.

2. Finding ways that other services might "buffer" the experience of service delays; for example, outpatient (OP) providers already working with a youth seeking IHT services might increase the intensity of the OP work until IHT becomes available. MassHealth will reinforce the need to be flexible and individualized in meeting the needs of youth and families in working with OP providers for members under 21 in the future, within the bounds of medical necessity and service specifications.<sup>2</sup>

3. The Court Monitor observed that long wait lists can actually stimulate referral activity and the further growth of the wait lists, as referrers (including Mobile Crisis Intervention) put a youth on multiple wait lists in hopes of finding an opening, which results several undesired outcomes: (1) the youth being multiply counted as waiting, resulting in an

---

<sup>1</sup> Plaintiffs have suggested MassHealth could increase ICC capacity by creating additional Community Service Agencies (CSAs). Creating new CSAs is much more complicated than adding new IHT programs to a network, particularly when existing CSAs are undertaking new contracts to enhance their infrastructure through the Delivery System Reform Incentive Program (DSRIP) as part of MassHealth's delivery system redesign. DSRIP payments to CSAs begin in 2018 and continue on a decreasing basis for five years. CSAs applying for DSRIP funds were required to describe how the proposed investments would help them to improve access.

<sup>2</sup> MassHealth has pledged to take this step, and other steps to strengthen care coordination for youth in OP, notwithstanding the fact that OP practice does not lie within the scope of the remedial order in this litigation.

inaccurately inflated number of those actually waiting for services; (2) the youth possibly being called by numerous providers without a current opening but trying to monitor the list; and (3) lists being inflated with names of individuals who have found an opening or who are no longer seeking the service. All of these unintended consequences tend to make the access problem appear even more severe than it actually is. In order to address these issues, MassHealth has asked CSAs to place referral practices on the agenda for local discussion among providers at upcoming System of Care Meetings. Interventions of this kind are part of the ongoing work of managing MassHealth's provider network.

4. The Court Monitor further noted that there is significant variability among provider organizations, in terms of how they manage challenges such as hiring, retention, and supervision. In other words, while all provider organizations confront the same systemic, macro-level workforce challenges, some are better able to mitigate the effect on access. MassHealth and its MCEs will continue closely monitoring provider wait lists and provider improvement plans, which almost invariably contain a major focus on improving access, and will provide technical assistance to help organizations improve. The most recent round of Quarterly Level of Care Meetings with providers, for example, focused on how to write clear, actionable improvement goals (so called SMART goals). MassHealth MCEs also judiciously employ Corrective Action Plans in those instances where providers fail to take appropriate action to improve performance. Initiatives employed, such as the Yale Supervision project, also address this goal of increasing organizational capacity and competency.

5. Defendants have nearly completed CBHI rate reviews including a day-rate for CSAs (bundling the ICC and Family Partner services) with the expectation of the new rate

becoming effective July 1, 2018. A pilot program using a day rate has been favorably received by participating CSAs.<sup>3</sup>

In addition to the issues addressed with the Court Monitor, Defendants continue with initiatives that have been described in previous reports. These include:

- Providing financial assistance for license-eligible clinicians to become licensed. The goal of this program is to increase the supply of individuals who can function as supervisors.
- A CBHI Fellowship for selected social work interns working in CBHI services, including an integrative seminar to bolster their skills and increase their confidence during the internship period, with the aim of increasing their likelihood of seeking a CBHI job upon graduation. (As Defendants have repeatedly pointed out, competition for new graduates in the social-work field has exacerbated the hiring and retention problems for CBHI programs.) The Fellowship also includes a modest stipend.
- Various interventions with selected providers to strengthen supervision, a key factor in staff retention. These include the Yale Supervision program and the Reflective Supervision program.
- Working with graduate training programs to adapt their curricula to better prepare students for work in ICC and IHT.

## **II. Access Targets for Disengagement**

Defendants have consistently stated that the access targets established in the disengagement criteria may not be achievable in the short term. Defendants will nonetheless make every effort to move access as far toward those targets as possible. Since the

---

<sup>3</sup> Moving to a day-rate for IHT has also been discussed but Defendants have deferred that project until further quality improvement creates more uniform practice in the IHT service.

Commonwealth did not achieve the 7.5% improvement targets for the period ending July 31, 2017, Defendants propose that the targets for the current year, ending June 30, 2018, should remain the same. Defendants will make every effort to meet and surpass targets, if possible. If the Court sets more ambitious targets, the Commonwealth will work diligently to meet and surpass those targets. However, the rate of progress is likely to be the same, since the current wait lists are a reflection of largely external factors beyond the control of Defendants, factors which show little likelihood of changing in the near future. Therefore, the Commonwealth proposes that the targets for state fiscal year 2018 remain 7.5% improvement over FY16. (In other words, the Defendants believe that the fiscal year 2017 target should remain in place until the Commonwealth achieves that target.) If the Court wishes to set access targets for the following year, Defendants ask that the Court base future access on the observed progress for the current year, ending June 30, 2018.

RESPECTFULLY SUBMITTED,

THE DEFENDANTS,  
BY THEIR ATTORNEYS,

MAURA HEALEY  
ATTORNEY GENERAL

/s/ Daniel J. Hammond  
Daniel J. Hammond, BBO #559475  
Assistant Attorney General  
Government Bureau  
One Ashburton Place  
Boston, Massachusetts 02108  
(617) 727-2200, Ext. 2078  
[dan.hammond@state.ma.us](mailto:dan.hammond@state.ma.us)

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing document was filed electronically through the Electronic Case Filing (ECF) system. Notice of this filing will be sent by e-mail to all registered participants by operation of the court's electronic filing system or by mail to anyone unable to accept electronic filing as indicated on the Notice of Electronic as a non-registered participant. Parties may access this filing through the court's CM/ECF System.

Dated: November 17, 2017

/s/ Daniel J. Hammond