

I. Raw Data from the 2017 Outpatient Therapy Evaluation

In late October, 2017, Plaintiffs received and reviewed Defendants' summary report of the 2017 Outpatient Therapy evaluation findings. After further negotiations, and the validation of reported findings, Defendants also provided raw data from the evaluation. Defendants' final report and analysis on the adequacy of care coordination in Outpatient Therapy is expected on November 22, 2017.

II. The 2018 Outpatient Therapy Evaluation

On October 31, 2017, the parties met with the Court Monitor to discuss the scope and implementation of the 2018 Outpatient Therapy evaluation, as well as lessons learned from the 2017 evaluation. With respect to Plaintiffs' concerns about the exclusion of certain youth from the review, the parties agreed as follows:

- (1) Youth who refused a referral for ICC and/or IHT in the preceding 12 months will be included in the 2018 review;¹
- (2) Youth who received either ICC or IHT in the preceding 12 months will be included in the 2018 evaluation, provided they also received a certain minimum number of outpatient visits in which the outpatient provider was responsible for care coordination activities. This minimum number of visits shall be established by the Defendants and shared with the Monitor and plaintiffs for review and comment before being adopted.

In addition, the parties agreed upon a set of administrative and operational changes intended to improve the accuracy and reliability of the 2018 Outpatient Therapy evaluation.

These changes include: 1) convening reviewers to discuss the protocol instrument and evaluation

¹ While Defendants agree to capture and assess these youth as part of the chart review, they reserve the right to argue that the cohort who refused a referral to ICC is less relevant to an analysis of the adequacy of outpatient care coordination. Plaintiffs believe youth and families who choose outpatient as their hub are entitled to adequate care coordination regardless of any prior refusal to participate in ICC.

process, and ensuring sufficient guidance on the completion of the protocol instrument; 2) establishing parameters for the submission of reviewer findings that avoid duplicate entries; 3) clarifying directions for implementation of the sampling methodology, including stratification of small and large outpatient providers; 4) collecting data into the state's electronic system throughout the review period, so reviews can be monitored and reviewers can be contacted about questionable responses; and 5) ensuring that the need for additional service referrals is accurately captured and reported within the evaluation tool. Finally, the parties agree that changes will be made to specific questions and their 'skip logic,' to ensure that a determination of medical necessity for ICC is made for all youth in the review, regardless of whether or not a current ICC Evaluation of Need form can be located in the outpatient chart.

All of these changes will be incorporated in a revised protocol instrument and reviewer directions, which will be shared with the Monitor and Plaintiffs for review and comment before they are adopted.

IV. Conclusion

With the assistance of the Monitor, the parties have resolved their disputes with regard to issues (1) and (2) above, through the provision of raw outpatient evaluation data and proposed revisions to the 2018 Outpatient Therapy evaluation, subject to further review and comment by the Plaintiffs and the Monitor. The parties will submit separate reports addressing issue (3), setting 2018 access measures for Intensive Care Coordination and In-Home Therapy, and additional strategies to achieve those standards.

RESPECTFULLY SUBMITTED,

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BY THEIR ATTORNEYS,

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Dated: November 17, 2017

/s/ Kathryn Rucker