

**Exhibit 1**

**UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS  
Western Division**

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ROSIE D., et al.,		)	
		)	
	Plaintiffs,	)	
		)	
v.		)	
		)	C.A. No. 01-30199-MAP
CHARLES BAKER, et al.,		)	
		)	
	Defendants	)	
		)	
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**[PROPOSED] ORDER TO IMPROVE ACCESS TO REMEDIAL SERVICES**

The Court, having reviewed the Commonwealth’s September 13, 2017 and February 12, 2018 reports (Docs. 813 at 3, and 826) acknowledging a failure to achieve the agreed-to Disengagement Measure on Access, and having considered the parties’ memoranda, orders the defendants to take the following actions to improve access to remedial services:

1. By December 31, 2018, at least 70% of youth seeking ICC services will be offered an initial appointment within 14 days, consistent with the Medicaid access standard, for nine months in a twelve month period. This goal is a 7.5% increase over the 2016 baseline, the same goal as required by December 31, 2017 by the parties’ Joint Disengagement Measures for 2017, and less than the 73% goal proposed by the defendants for 2018. *See* Defendants’ Proposed Outcome Measure for Final Disengagement, December 16, 2016 (Doc. 763-1)

2. By December 31, 2018, at least 55.5% of youth seeking IHT services will be offered an initial appointment within 14 days, consistent with the Medicaid access standard, for nine months in a twelve month period. This goal is a 7.5% increase over the 2016 baseline, the same goal as required by December 31, 2017 by the parties' Joint Disengagement Measures for 2017, and less than the 58% goal proposed by the defendants for 2018. *See Defendants' Proposed Outcome Measure for Final Disengagement, December 16, 2016 (Doc. 763-1).*

3. By January 1, 2019, expand the capacity of existing or new IHT providers so that they may serve an additional 1,000 children or youth at any given time and ensure that no region within the State has less than 5% IHT capacity available to serve new youth and families.

4. By July 1, 2018, and on an ongoing basis, require corrective action plans for any CSA that has an average wait time in excess of 30 days for two consecutive months. For any CSA that does not adequately implement the approved corrective action plan and reduce its waiting list to less than 20 days for three consecutive months, implement an effective remedy for noncompliance with provider contracts including terminating the contract.

5. By July 1, 2018, adopt and implement the Alternative Payment Methodology (APM) for Intensive Care Coordination (ICC) to all Community Service Agencies (CSAs), using the same payment rate of \$53/enrolled day that was used in the recently completed APM pilots approved by MassHealth.

6. Effective July 1, 2018, adopt and implement a 3% rate increase for In-Home Therapy Services (IHT).

7. Complete a rate study for IHT, In-Home Behavioral Services (IHBS), Therapeutic Mentoring (TM), Family Training and Support (FTS), and Mobile Crisis Intervention (MCI), and

based upon those rate studies, determine a fair and equitable rate for each service. After public hearing, implement revised rates for each service.

So ORDERED

June \_\_, 2018

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MICHAEL A. PONSOR  
UNITED STATES DISTRICT COURT JUDGE