

**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**

Subsequent to the entry of the Court’s Judgment and Remedial Plan (Doc. 367-2), the Defendants determined that Outpatient Therapy providers will be responsible for ensuring adequate care coordination services to certain children and youth with Serious Emotional Disturbance who are class members in this case. In order to conform the Court’s Remedial Plan to the Defendants’ practices and their reliance on Outpatient Therapy as a critical program for providing care coordination to class members, as well as to reflect the parties’ agreed-to improvements to Outpatient Therapy, the Court modifies Section I.D.3 of its Remedial Plan by incorporating the provisions set forth in Attachment A to this Order.

So Ordered.

Dated:

\_\_\_\_\_  
United States District Court Judge

## ATTACHMENT A

### Section I.D.3 – Outpatient Therapy

#### A. *Service Coordination Activities*

Like service coordination activities provided in In-Home Therapy and Intensive Care Coordination, which include convening and leading service teams, developing and modifying service plans, coordinating and monitoring service delivery, service referrals, collateral contacts with staff agency representatives, face-to-face meetings, and case consultation with caregivers, other service providers, and natural supports, there will be no limitations or caps on the content, scope, or time devoted to any service coordination activities in Outpatient Therapy for children or youth under the age of 21, provided they are reasonably related to the needs of the child. Prior collateral contact restrictions on electronic communications, voicemails, and record keeping will be eliminated, and requirements for advanced scheduling of case and family consultations will be deleted. Daily caps on billing for service coordination activities will be removed.

#### B. *Reimbursement Rates*

Managed Care Entity (MCEs) will reimburse collateral contacts, family and case consultation at the same rate that it pays for face-to-face therapy. This parallels the reimbursement structure for ICC and IHT, eliminating rate distinctions between therapy and care coordination activities, and communicating the equal value and importance of engaging in service coordination activities.

#### C. *Consistency Across Managed Care Entities*

To ensure effective statewide implementation of these Outpatient Therapy enhancements, service coordination activities, service descriptions, and authorization parameters will be consistent across all MCEs. In furtherance of this goal, MassHealth will direct its MCEs to

adopt standard definitions, authorization parameters, and requirements for collateral contact, case consultation and family consultation services. While differences will remain between respective MCE reimbursement rates, all MCEs will be expected to ensure that rates for individual therapy are equal to rates of reimbursement for collateral contact, case consultation and family consultation services.

*D. Implementation and Monitoring*

Enhancements to Outpatient Therapy will begin by October 1, 2016. The defendants will revise draft Outpatient Guidelines to incorporate all of the improvements and expectations of Outpatient Therapy, and will develop specialized web-based training for outpatient therapists. Other training models may be considered for agencies and clinics that offer a significant volume of Outpatient Therapy.