

SYSTEMS OF CARE FINANCING MODEL

STATEWIDE MEDICAID DRIVEN SYSTEM/LAWSUIT RESULT OF MASS.

ROSIE D v. ROMNEY

(Created by Bruce Kamradt, used with permission)

Impetus of System Change: The result of a Federal Court Ruling in Massachusetts and
Negotiation of Remedy ordered by Judge with State Medicaid agency

Target Group: All current or future Medicaid eligible residents under twenty-one in need of
intensive in-home services (more than outpatient) including case management,
crisis, behavioral supports in-home, etc.

Financing Strategy – Medicaid through EPSDT screening. Other child serving systems will be
encouraged to participate including “braiding” some funds. The shared funding
arrangements are not mandated as this is primarily about Medicaid funds.

Entry Points: Multiple. Any system, i.e., child welfare, juvenile justice, mental retardation,
mental health, may refer or through pediatrician, family practitioners or other
health professional

Screening - Every child in Massachusetts entitled to behavior screen. EPSDT screening by
Health Care Provider using standard tool (Pediatric Symptom checklist).
Screening is not presumed required for child in one of the child serving systems

Assessment - If positive screen child receives mental health assessment from a qualified
mental health provider (screening isn’t necessary for child referred from child
serving system)

- Diagnostic Process uses standardized instrument – the CANS-MH

Comprehensive Assessment – If diagnostic assessment with CANS indicates child has SED or
needs more than outpatient services than they are entitled to comprehensive
screen from a designated home-based provider

Care Management – if comprehensive assessment indicates the child needs in-home support,
he/she is assigned a care manager from designated home-based provider

Levels of Care Management

- Care Management – child has mental health issue requiring more than
outpatient (1:16)

- Intensive Care Management – children with SED with significant functional improvement (1:8)

Child and Family Team – utilizes wraparound approach with care manager facilitating meeting of a coordinated service team consisting of family supports, providers, system affected partners

Single Treatment Plan – one individual services plan is developed across all system partners. Plan is monitored by care manager and reviewed every 90 days or more after, if needed

Covered Services - includes all in-home support services (excludes out-of-home residential or group care), i.e., mobile crisis, in-home therapy, independent living, respite, MST, assessment, care management

Designated Home-Based Services Provider – Each area or relevant community has a designated home-based service provider (20-40 envisioned across State)

- they will employ care managers
- develop provider network
- arrange for and/or provide core services
- monitor plans

Roles and Responsibilities of State Agencies – State mental health agency is lead agency but state (Governor) will direct other child serving agencies including education to participate on child and family teams, develop conflict resolution processes and pursue funding participation

See diagram, next page.

MASSACHUSETTS ROSIE D. v. ROMNEY

