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8 **UNITED STATES DISTRICT COURT**
9 **CENTRAL DISTRICT OF CALIFORNIA**
10

11 KATIE A et al.,
12 Plaintiffs,
13 v.
14 DIANA BONTA,
15 Defendants.
16

17) CASE NO. CV 02-5662 AHM (SHx)
18)
19) ORDER ON PLAINTIFFS' RENEWED
20) MOTION FOR A PRELIMINARY
21) INJUNCTION
22)
23)
24)
25)
26)
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28)

17 **I.**

18 **INTRODUCTION**

19 **A. Ninth Circuit Ruling**

20 The Ninth Circuit ruled that this Court "applied an erroneous legal standard
21 in concluding that the EPSDT provisions require the State to provide wraparound
22 and TFC. The district court mistakenly assumed that if all the components of
23 wraparound and TFC fall within categories listed in § 1396d(a), and that
24 wraparound and TFC can be deemed health care 'services' in themselves, then the
25 package of components must be offered in the form of wraparound or TFC."
26 *Katie A., ex rel. Ludin v. Los Angeles County*, 481 F.3d 1150, 1157 (9th Cir.
27 2007).
28

1 The Ninth Circuit stated that this Court “did not explore the possibility that
2 the State might only have an obligation to fund the component services of
3 wraparound and TFC, rather than to offer the coordinated complex of services in a
4 single package” and concluded that “the EPSDT provisions require only that the
5 individual services listed in § 1396d(a) be provided, without specifying that they
6 be provided in any particular form.” *Id.* at 1157, 1158. The Ninth Circuit
7 therefore concluded that this Court “should have examined whether all required
8 component services under § 1396d(a) were already being supplied. If all
9 mandated services under § 1396d(a) are being supplied effectively, the State is not
10 obliged to go further and package the services as wraparound and TFC.” *Id.* at
11 1158. The Ninth Circuit also noted that “[w]hile the states must live up to their
12 obligations to provide all EPSDT services, the statute and regulations afford them
13 discretion as to how to do so. There is nothing in the EPSDT statutory provisions
14 or regulations that indicates that the state must generally design its Medicaid
15 system to fund ‘packages’ of EPSDT services.” *Id.* at 1159.¹

16 The Ninth Circuit instructed this Court to employ the following approach
17 on remand:

18 The court should have first determined whether the State is meeting
19 its legal obligation under the EPSDT provisions to provide all
20 individual health services that fall under the categories listed in §
21 1396d(a). Then, if it found that the State is failing to provide the
22 individual health services effectively, the court should have
23 determined whether the failure could only be remedied by ordering
24 the State to fund the individual services as a single “bundle.” Rather

25
26 ¹ At footnote 15 of its opinion the Ninth Circuit stated, “It is possible that if the
27 State fails adequately to provide the component services, and the effectiveness of
28 those services requires their coordinated delivery, it may be appropriate to require
the State to provide services packaged together in a particular form, such as
wraparound or TFC.”

1 than applying a legal rule that requires the State always to fund a
2 coordinated bundle of services if the individual components fall
3 under § 1396d(a), the court should have applied a legal rule that
4 would allow the State to exercise its discretion as to how to meet its
5 EPSDT obligation effectively to provide all the component services
6 that fall under § 1396d(a). On remand, the district court should
7 analyze plaintiffs' likelihood of success on their Medicaid Act claims
8 in this manner.

9 *Id.* at 1160. Moreover, the Ninth Circuit noted,

10 [O]n remand, in order to comply with Rule 52(a) and to facilitate
11 appellate review, the district court should first make separate
12 determinations as to (1) whether each component service of
13 wraparound and TFC falls under a particular provision of § 1396d(a),
14 and (2) whether defendants have effectively provided each mandated
15 component service, before applying the standard discussed above to
16 determine whether the State should be required to provide the
17 required services in another manner which will render such services
18 effective, or proceed directly to wraparound and TFC.

19 *Id.* at 1162-63.

20 **B. Status Upon Remand**

21 The parties are familiar with the voluminous papers that were filed after
22 plaintiffs moved anew for a preliminary injunction. Although the Court was
23 prepared to assess their positions in the manner required by the Ninth Circuit, the
24 parties' respective memoranda and evidence did little to focus the analysis beyond
25 what had been presented and argued back in 2006. For that reason, the Court
26 issued separate orders on August 12, 2008 and August 13, 2008 directing the
27 parties to address several specific questions at the August 14, 2008 hearing
28 ("Hearing"). Among these questions were the following:

1 • Question. (a) *This Court did not deal with billing in its Order. (433*
 2 *F.Supp.2d 1065.) Yet the Ninth Circuit ruled that the Court erred because,*
 3 *as the Ninth Circuit put it,*

4
 5 *The Court did not explore the possibility that the State might only*
 6 *have an obligation to **fund** the component services of wraparound*
 7 *and TFC, rather than to offer the coordinated complex of services in*
 8 *a single package.*

9
 10 *... [D]efendants had stated in their opposition to Plaintiffs' motion*
 11 *for a preliminary injunction that 'Medi-Cal already covers the*
 12 *services that Plaintiffs are entitled to under Medicaid and that*
 13 ***Plaintiffs were seeking a bundled rate.**' There was also evidence in*
 14 *the record that Medi-Cal currently reimburses providers for at least*
 15 *some components of wraparound and TFC. Therefore the court*
 16 *should have examined whether all required component services*
 17 *under § 1396d(a) were already being supplied."*

18 *481 F.3d at 1158 (emphasis added). Does this quote and the passage cited*
 19 *below from 481 F.3d at 1161 suggest that the Ninth Circuit conflated the*
 20 *question of the required **delivery** of services with the different (albeit*
 21 *related) question of **billing** for services?*

22 *(b) Given that both sides agree that at least many of the component*
 23 *aspects of wraparound and TFC are required under § 1396d(a), is the real*
 24 *dispute about how providers will bill for services they render? Are*
 25 *Defendants opposing this motion because they do not want to reimburse*
 26 *providers for wraparound or TFC services that are billed as such--i.e.,*
 27 *described and labeled as wraparound or TFC? If that is the crux of*
 28 *Defendants' concern, then is whether someone who is a coordinator or*

1 *integrator of component services, such as a “wraparound coordinator,”*
 2 *eligible for Medicaid funding an example of the issue? (See App. A to*
 3 *5/12/06 Addendum to Order Granting Plaintiffs’ Motion for Preliminary*
 4 *Injunction, p.2.) How about a “wraparound facilitator”? A TFC*
 5 *“coordinator”? If that is the key concern, would Plaintiffs agree that*
 6 *persons who coordinate the delivery of those services could not bill for*
 7 *wraparound or TFC-- “as such”?*

8 • Question. *The Ninth Circuit directed this Court to determine whether*
 9 *“the State is failing to provide the individual health services **effectively**”*
 10 *before determining whether any failure to do so “could only be remedied by*
 11 *ordering the State to **fund** the individual services as a single ‘bundle.’”*
 12 *(481 F.3d at 1161) (emphasis added). How is the Court to evaluate the*
 13 *effectiveness of the delivery of those components of wraparound and TFC*
 14 *that even Plaintiffs acknowledge are being provided? What is the key*
 15 *evidence on which each side relies for its position as to effectiveness vel*
 16 *non?*

17 • Question. *See n.15 to the Ninth Circuit’s opinion (481 F.3d at*
 18 *1157): Assuming the State does adequately provide the component services*
 19 *required by EPSDT, do Plaintiffs contend that “the effectiveness of those*
 20 *services requires their coordinated delivery . . .”? Plaintiffs repeatedly*
 21 *insist that “Plaintiffs do not contend that California must provide*
 22 *wraparound services (or TFC) as a single bundled service under Medi-*
 23 *Cal.” [Reply Brief, 8:16-18]. (What do Plaintiffs mean by the phrase*
 24 *“single bundled service”?) How do Plaintiffs reconcile that assertion with*
 25 *their many other implicit, and sometimes explicit, contentions to the effect*
 26 *that all the components of both wraparound and TFC must be provided as*
 27 *if in a package? For example, Plaintiffs state “. . . [A]ll the components of*
 28 *wraparound services and TFC in Appendices A and B are necessary and . .*

1 . *they all must be provided in a coordinated fashion to be effective*
 2 *[Opening Memo. 18:6-8]. Similarly, Plaintiffs assert that “[T]o be*
 3 *effective TFC ‘must be provided as an integrated service,’ which means that*
 4 *the ‘components are interrelated and must be coordinated.’” Id., 21:2-4.*

5 The parties’ responses to these questions, their arguments at the August 14, 2008
 6 hearing on plaintiffs’ Renewed Motion for a Preliminary Injunction and the papers
 7 they filed afterward have prompted the Court to step back and look at the
 8 proverbial “big picture.” In some respects it is a disappointing picture indeed.

9 This case involves complex statutes and regulations; innovative strategies
 10 for dealing with mental illness and behavioral problems afflicting children and
 11 adolescents; the challenge of coordinating the efforts of such disparate Medicaid
 12 providers as physicians, social workers, lawyers, teachers, family members and
 13 foster parents, all of whom serve or treat those children; foster care systems
 14 throughout the state that are beleaguered on many fronts; and the ever-present
 15 (and growing) gap between the legal responsibilities of governments and their
 16 capacity to discharge those costly responsibilities. Moreover, both sides are
 17 forced to navigate through a bureaucratic maze: three different governmental
 18 systems - - federal, state and local - - with their own sets of laws, regulations and
 19 procedures. (Medicaid is a federal program. Medi-Cal is a state program, but it is
 20 administered by and dependent on California’s 58 counties.) Moreover, each
 21 governmental system wishes to limit the amount of money it has to spend.²

22 The parties ostensibly share the basic objective of seeing to it that the right
 23 of these children to receive services mandated by Medicaid and Medi-Cal is fully
 24 enforced. Moreover, they now appear to be in agreement about certain issues
 25 they previously treated as in conflict. Yet, as the Court noted at the hearing,

26

 27 ² To deal with severe fiscal and budgetary constraints, the State Defendants attempt
 28 to enforce complicated reporting, billing and reimbursement requirements by
 imposing rigorous audit procedures.

1 despite the huge costs in time, money and resources that litigation exacts, both
2 sides seem more intent on vindicating their respective contentions than on
3 pursuing promising opportunities to narrow their differences and even reach an
4 agreement, especially as to wraparound.

5 So what, really, is the problem? There are actually *two* problems. First,
6 there is genuine, but somewhat misplaced, confusion as to whether certain
7 components of wraparound and TFC qualify as required EPSDT services.
8 Second, and more importantly, it now is clear that the main practical barrier is
9 determining how providers may and should bill for those services.

10 In 2006, after much prodding, plaintiffs finally described just what
11 wraparound and TFC consist of. Since then, however, they have had difficulty
12 demonstrating clearly that the State Defendants are not providing those services.
13 Indeed, plaintiffs now acknowledge that in several respects at least some of these
14 services *are* being provided, albeit not necessarily as part of Medi-Cal. The State
15 Defendants, for their part, claim to provide *all* required EPSDT services to
16 members of the plaintiff class. Yet in opposing plaintiffs' efforts to obtain
17 wraparound and TFC under EPSDT as a matter of right, State Defendants still
18 cling unreasonably to a semantical mantra dependent on an unnecessary
19 technicality - *i.e.*, they are not required to provide wraparound and TFC "as such."
20 This position fails to recognize not only the broad scope of EPSDT, but the
21 essence of both wraparound and TFC.

22 And yet, there is a reasonable basis to find that the parties can reach
23 agreement on many issues. Their respective responses to the Court's pre-hearing
24 written questions, their concessions at the hearing, and their post-hearing
25 submissions collectively provide a promising basis to do so, as the following
26 summary demonstrates.

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1 **C. Framework for Negotiations**

2 **1. Answers to Court's Pre-hearing Questionnaires**

3 At page 5 of plaintiffs' August 20, 2008 written response to this Court's
 4 Question 15, plaintiffs acknowledged that "the SB-163 wraparound programs and
 5 the pilot program in Marin County [are] currently providing wraparound
 6 programs" but that "whether they are providing all of the components of
 7 wraparound services . . . in a coordinated fashion" - - is unclear.³ "However,
 8 plaintiffs suspect that many children enrolled in these programs are receiving all
 9 the components of wraparound services and in a coordinated fashion."

10 **2. Representations at Hearing**

11 (a) State Defendants' Representations. State Defendants' counsel
 12 represented that as to wraparound "California is already covering those things
 13 ["Immediate Crisis Stabilization" and "Engagement of Child/Family"] if they are
 14 billed under Case Management and Rehabilitative options." [Transcript, p.15.]

15 • It appears from the gist of other statements made by State
 16 Defendants' counsel that California's position is that other components of
 17 wraparound services that were listed on Dr. Redman's Table (attached hereto as
 18 Exhibit A), also are covered. See, *e.g.*, Transcript p.53:

19 "In terms of the delivery of services that we're calling
 20 wraparound services, anything that involves immediate stabilization
 21 and bringing the people together to work with this child specifically
 22 and planning and providing the services, those services are already
 23 being covered under the Medicaid Act called Case Management and
 24 Rehabilitative Services.

25 Specifically for Rehabilitative Services - excuse me, one second.

26 I'll add that, in addition, any one of those components that cover
 27 improving or restoring a beneficiary's daily living skills, social and leisure
 28 skills, support resources or education shall be covered under the Medicaid
 Act and is already being covered

³ Plaintiffs also emphasize that the SB-163 programs are in place on only some 40 counties.

1 So however those components are broken down, if they fall into one
2 of those categories under Case Management and Rehab option, we not only
3 have covered them, we do cover them and will continue to cover them.

4 Because Ms. Redman's charting talks about every other state, I think
5 it's quite interesting that she lists Case Management and Rehabilitation
6 options in those charts for all those other states. But here in California,
7 we're saying the same language. *If you bill it under Rehabilitation and*
8 *Case Management, we have covered it, we will cover it, we do cover it.*
9 (Emphasis added.)

10 • State Defendants' counsel also confirmed that "[i]f work is
11 performed that consists of 'engagement of child slash [sic] family,' the state
12 agrees that falls within the Medicaid statute and the Medi-Cal program" *Id.*,
13 p.56. Indeed, counsel volunteered that "all of the things listed here [Exhibit A, the
14 Table of Contents for Redman Declaration] can fall under Case Management or
15 Rehabilitative Services" *Id.* at 58.

16 (b) Plaintiffs' Representations.

17 • Counsel for plaintiffs, in turn, reiterated that 39-40 counties in
18 California do provide "wraparound," albeit not as a Medi-Cal program and not
19 "effectively" (in his opinion) because not as an entitlement for all eligible
20 children.

21 • In addition, plaintiffs' counsel concluded his remarks with this
22 observation:

23 If we are where we are today and the state defendants are
24 prepared to concede that all nine components of wraparound services
25 are covered by Medicaid, and they are also representing to the Court
26 that they can be covered under Medi-Cal currently, *then the relief*
27 *that's being sought may be much more along the lines the Court*
28 *talked about earlier, which is letters and notices going out advising*
 both recipients as to what their entitlement is - - and we haven't gone
 into the issue of exactly who would be entitled and eligibility criteria
 - - and advising providers about how they could bill and deliver those
 services.

Id. at 81. (Emphasis added.)

1 **3. Post-hearing Filings**⁴

2 (a) Plaintiffs

3 Plaintiffs filed several exhibits. The Court compiled a Table of Contents of
4 those items. It is attached hereto as Exhibit B.⁵ Exhibit 184, the DMH Letter No.
5 06-05 (July 24, 2006) appears to be the key one. The letter lists and describes in
6 detail those wraparound components initially listed by plaintiffs that are
7 reimbursable under Medi-Cal.⁶ The DMH circulated that letter as a means of
8 implementing the now-vacated Preliminary Injunction that this Court issued on
9 March 14, 2006.

10 (b) Defendants

11 • Rita McCabe, currently the Chief of the Medi-Cal Mental Health Policy
12 Branch and other Health Care Benefits of the California Department of Mental
13 Health ("DMH"), is a dedicated, hard-working, official who has been required to
14 devote long, difficult hours to addressing issues in this case and the related *Emily*
15 *Q* litigation. On August 20, 2008, State Defendants filed her declaration in
16 support of their Supplemental Brief. Among other things, Ms. McCabe explained
17 in detail the basis for a revealing chart (attached hereto as Exhibit C) that
18 constitutes page three of the Defendants' Supplemental Brief. Ms. McCabe
19 represented that of the nine components of wraparound defined by plaintiffs'
20 expert, Dr. Redman, four are authorized outright by Medi-Cal and the remaining

21
22 ⁴ The Court takes judicial notice of all the documents that both sides filed, except
23 as to disputed declarations. But even those declarations are nevertheless relevant
24 and admissible for purposes of this order.

25 ⁵ In the future, all parties shall attach a Table of Contents to exhibits and declarations
26 they file, which thus far have been unusually voluminous.

27 ⁶ This Court finds that those components are Medi-Cal eligible, notwithstanding
28 Deputy Attorney General Goldsmith's remarks at the most recent deposition of Rita
McCabe.

1 five could be authorized, under certain circumstances, which she helpfully
2 described.

3 • State Defendants later filed a series of documents described in the
4 attached Exhibit D, a Table of Contents the Court also compiled. State
5 Defendants included the declaration of Bradley Norman, which identifies
6 individuals and programs that currently provide guidance as to “Medi-Cal billing”
7 for eligible wraparound services. (*See* Norman Decl. ¶¶ 6, 10.) In addition, State
8 Defendants filed the declaration of Curtis Yukoi, which contains “Program Code
9 Descriptions” that provide guidance on how to claim Medi-Cal funds. Moreover,
10 they filed the Declaration of Gary Renslo, who reveals that as recently as July
11 2008 the DMH completed and posted on its website a Medi-Cal Billing Manual.

12 The Court is distinctly unimpressed with plaintiffs’ negative approach in
13 their September 4, 2008 opposition to the State Defendants’ submission of this
14 evidence, and the Court overrules their objection to the late filing of those
15 documents. It is disappointing that plaintiffs utterly ignored the Court’s explicit
16 invitation at the Hearing to not only look for, but exploit, the many promising
17 areas of agreement that emerged at the Hearing. Particularly disturbing is
18 plaintiffs’ complaint in their footnote 4 that the State Defendants changed their
19 position as to which components of wraparound services are covered by MediCal.
20 The change in the State Defendants’ position went a considerable distance toward
21 accepting plaintiffs’ contentions. Plaintiffs could have figuratively declared
22 partial victory. Instead, they complained that State Defendants did not explain
23 why they changed their position. Plaintiffs also cavalierly pooh-poohed the
24 potential benefit of the California Institute for Mental Health (“CIMH”) EPSDT
25 Chart Documentation Manual and they flatly ignored the potential benefit from
26 the technical assistance that EMQ provides to California counties having SB 163
27 programs. Also regrettable is plaintiffs’ failure to see the opening that the DMH
28 letter No. 06-05 provides. Finally, while the DMH Billing Manual attached to Mr.

1 Renslo's declaration may not answer all of plaintiffs' questions, it is a very recent
2 document that should have prompted plaintiffs to reevaluate their position.

3 **II.**

4 **MANDATED NEGOTIATIONS: WRAPAROUND**

5 The foregoing summary confirms that at least as to wraparound what is
6 urgently needed - - and clearly feasible - - is a good faith joint effort by the parties
7 to develop letters and notices that the State Defendants will disseminate to all of
8 the County Mental Health Plans ("MHPs"), and to as many eligible recipients (or
9 their individual and institutional representatives) as possible. Such negotiations
10 will surely assist the parties in reducing or eliminating the confusion about
11 wraparound's Medicare/Medi-Cal status. They likely also will reduce or eliminate
12 the concern of MHPs, providers and recipients as to whether such services will be
13 reimbursed. The Court ORDERS the parties to undertake that effort promptly.
14 The letter and notices that the parties shall develop shall list specifically, and in
15 plain language, the components of wraparound defined by Dr. Redman that are
16 covered by Medi-Cal, and it should explain how these services properly may be
17 characterized and billed. In conducting these negotiations, the parties shall make
18 maximum use of the offers, assurances and materials identified above.

19 The parties shall file a status report on their negotiations by not later than
20 October 29, 2008. If at any point before then or by then they conclude that their
21 efforts can be assisted by the Court, they are welcome to request such assistance.

22 **III.**

23 **PRELIMINARY OBSERVATIONS**

24 **RE WRAPAROUND COORDINATION**

25 The Court may ultimately have to determine the second prong that the
26 Ninth Circuit referred to as important for appellate review - - *i.e.*, whether
27 providing the components of wraparound separately is "effective" or whether
28 instead delivery of those services must be coordinated to satisfy the EPSDT

1 requirements. Because the State Defendants have (to their credit) re-evaluated
 2 their position as to which components of wraparound fall within EPSDT, if they
 3 request the opportunity to respond to the following preliminary observations --
 4 they are not final findings -- the Court will allow them to do so, after the parties
 5 report to the Court about their negotiations and the Court makes its findings as to
 6 the first prong (*i.e.*, which components fall within EPSDT).

7 Under one statute, wraparound services are comprehensive and holistic
 8 services that should be provided in a coordinated fashion. *See, e.g.*, California
 9 Welfare and Institutions Code § 18251(d), defining wraparound services as
 10 “community-based intervention services that emphasize the strengths of the child
 11 and family and includes the delivery of *coordinated, highly individualized*
 12 unconditional services to address needs and achieve positive outcomes in their
 13 lives.” Cal. Welf. & Inst. § 18251(d) (emphasis added).

14 As seen in the following evidence, there is clear support for the conclusion
 15 that wraparound services must be coordinated to be effective.⁷ For example, the
 16 first component of wraparound services is “Engagement of the Child and Family.”
 17 *See* App. A at 2. Bruce Kamradt, the Director of Wraparound Milwaukee, states
 18 that “one cannot provide necessary services for the child without engaging the
 19 family” because a “basic precept of wraparound services . . . is that a child is a
 20 member of [a] family” and that the family must become “an active participant in
 21 determining the child’s strengths and needs, developing a plan to meet the child’s
 22 needs and helping to marshal the services to meet those needs.” Supp. Kamradt
 23 Decl. ¶ 4. *See also* Penrod Decl. ¶ 23 (Child family team “acts as the ‘glue’ to
 24 coordinating the implementation of all the components of wraparound services,

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26 ⁷ The evidence was encompassed in Plaintiffs’ Proposed Findings of Fact and
 27 Conclusions of Law. *See e.g.*, ¶¶ 31-32. The Court invited State Defendants to
 28 challenge the accuracy of and factual basis for those citations, and State Defendants
 pointed to no errors.

1 and the team itself functions as a mode of treatment.”). “It makes absolutely no
2 sense to form a child and family team but not have this team intimately involved
3 in and responsible for planning for any mental or behavioral crisis of the child,
4 gathering information as to the child’s strengths and needs, developing a plan to
5 deliver necessary services to the child through both formal and natural supports,
6 tracking the success of this plan and making necessary adjustments, and ultimately
7 planning for the child’s transition away from wraparound services.” Further Farr
8 Decl. ¶ 9. *See also* Supp. Penrod Decl. ¶ 22 (“By coordinated, I mean that the
9 components of wraparound services are interrelated and interconnected. For
10 example, the child and family must be engaged through the child’s treatment and
11 involved in forming the child and family team; the child and family team must be
12 involved in developing and implementing the treatment and crisis plans; and the
13 goals determined by the child and family team must drive the treatment and
14 ultimately the transition from wraparound services.”). *See also* Penrod Decl. ¶ 24
15 (“Disconnected efforts often led to less-effective outcomes. Instead, [Arizona]
16 found that the best way to ensure that the services a child received from a provider
17 were effective was to have the child and family team work together with the
18 provider and coordinate the child’s care from the provider.”); *accord*, Supp.
19 Friedman Decl. ¶ 18 (Providers in Nebraska of multi-systemic therapy (“MST”), a
20 treatment for children with anti-social behavior, originally provided services
21 independent of the wraparound team only to find that the children were not having
22 the expected positive outcomes. Once the MST providers were integrated into the
23 wraparound team, the children’s mental health improved.)

24 Members of the statewide class are often involved with more than one state
25 system (*i.e.*, welfare, mental health, probation) and they often receive care from
26 more than one provider. Rauso Decl. ¶ 12; Supp. Farr. Decl. ¶ 10. Thus, it is
27 critical that all those caregivers work together to meet the child’s needs. Supp.
28 Kamradt Decl. ¶ 8. Otherwise, there is a risk of “disjointed or competing

1 assignments or orders from different providers or systems [that] may make it
2 virtually impossible for the child and family to accomplish them all, thereby
3 setting the child and family up for failure.” Rauso Decl. ¶ 12. Thus, absent
4 coordination, providers may be working in opposite directions as to whether to
5 keep a child in the home or allow him to remain in public school. Supp. Kamradt
6 Decl. ¶ 8; Supp. Huffine Decl. ¶ 19 (“[C]hild and family are pulled in a variety of
7 directions by different obligations and approaches and there is a replication of
8 efforts by different child-serving agencies.”)

9 Moreover, wraparound is considered an “evidence-based practice” and “the
10 gold standard” in the mental health field, because the treatments have resulted
11 from randomized clinical trials. See Chamberlain Decl. ¶ 14; Second Supp.
12 Chamberlain Decl. ¶ 15; Friedman Decl. ¶¶ 19-21; Supp. Friedman Decl. ¶ 12;
13 Supp. Bruns Decl. ¶¶ 20, 30. “As a general proposition regarding evidence-based
14 practices, there is no evidence, and no reason to believe, that the intervention will
15 lead to the positive results that have been proven if you vary the method of
16 providing it from the way it was designed, developed and researched.” Supp.
17 Friedman Decl. ¶ 13; *accord*, Supp. Huffine Decl. ¶ 14; Second Supp.
18 Chamberlain Decl. ¶ 16.

19 Thus, given that wraparound was researched and developed with specific
20 components, the evidence shows that modifying or omitting any of these
21 components lessens the effectiveness of the services. See, e.g., Supp. Bruns Decl.
22 ¶¶ 21-24 (“There must be adherence to the fully specified practice for its benefits
23 to be conferred . . . One cannot take out any of the components and expect
24 successful outcomes for children.”). One wraparound provider in Sacramento
25 states that “even if a case manager is attentive, engaged and thoughtful, that
26 arrangement is not an adequate substitute for a functioning child and family
27 team.” Further Farr Decl. ¶ 3. See also Supp. Bruns Decl. ¶ 18 (noting that
28 research has found better outcomes through the “provision of services through a

1 treatment team"). Two studies by Dr. Eric Bruns further show that "the more that
 2 the wraparound provider adhered to the core components," the "better the
 3 outcomes would be for children and their families." Supp. Bruns Decl. ¶¶ 28-29.
 4 See also Supp. Friedman Decl. ¶ 18 (A multi-site Department of Defense
 5 wraparound project did not provide all the components and did not coordinate the
 6 components that were provided; as a result, there were not statistically significant
 7 differences between children in the program and those receiving traditional mental
 8 health services.)

9 IV.

10 THERAPEUTIC FOSTER CARE

11 The Court finds that the parties are further along in narrowing their
 12 differences as to wraparound than they are as to "TFC." Moreover, there is a
 13 complication as to TFC: will the moratorium on the Centers for Medicare and
 14 Medicaid Services ("CMS") regulations expire on April 1, 2009?⁸ Because the
 15 wraparound negotiations mandated by the preceding section of this order may
 16 entail various problems in their own right, it would be imprudent to require the
 17 parties simultaneously to embark on the same path as to TFC. Accordingly, at
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23 ⁸ On June 30, 2008, President Bush signed into law Public Law 110-252 (H.R.
 24 2642), Supplemental Appropriations Act of 2008. Section 7001(a) of that law: (1)
 25 extended the existing moratorium on the CMS regulations regarding rehabilitative
 26 services until April 1, 2009 (Section 7001(a)(2)); (2) imposed a new moratorium on
 27 the CMS regulations regarding case management services until April 1, 2009
 28 (Section 7001(a)(3)(B)); and (3) prohibited the U.S. Department of Health and
 Human Services from taking "any action" to impose restrictions related to any of the
 regulations that are subject to these moratoria (Section 7001(a)(3)(A)).

1 this time the Court intends to take the preliminary injunction motion as to TFC
2 under submission.


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4 IT IS SO ORDERED.

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6 DATED: 9/22/08

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A. HOWARD MATZ
United States District Judge

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Table with Selected States' Coverage of Components of Wraparound Services and Therapeutic Foster Care

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EXHIBIT A

Linda Huff Redman, Ph.D.
0549

12/05/07

Plaintiffs' Submission of Additional Documents (filed 8/20/08)

Katie A. et al v. Bonta et al (CV 02-05662)

- Ex. 181: California Dept. of Mental Health ("DMH") Letter No. 040-4 Re: EPSDT Services Notices at Time of Admission (dated 2/19/04)
- Ex. 182: DMH Letter No. 99-03 Re: EPSDT Services Notices at Time of Admission (dated 7/23/99)
- Ex. 183: DMH Letter No. 01-01 Re: One to One Mental Health Services (dated 5/4/01)
- Ex. 184: DMH Letter No. 06-05 Re: Implementation of the Preliminary Injunction in Katie A. (dated 7/24/06)
- Ex. 185: Standard Contract Between DMH and the County Mental Health Plans
- Ex. 186: Introduction, TOC, and Sections 2, 3 and 10 of the manual for providers from the Fresno Mental Health Plans
- Ex. 187: A Guide to Procedure Codes for Claiming Mental Health Services from the LA County Dept. of Mental Health (dated 4/12/07)
- Ex. 188: Short-Doyle/Medi-Cal Organizational Provider's Manual for Specialty Mental Health Services under the Rehabilitation Option and Targeted Case Management Services by the LA County Dept. of Mental Health (updated April 2007)
- Ex. 189: Checklists developed by the County of San Diego for billing various mental health services

EXHIBIT B

COPY

8/20/07

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IN THE UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

KATIE A., by and through her next
friend Michael Ludin; MARY B., by
and through her next friend Robert
Jacobs; JANET C., by and through her
next friend Dolores Johnson; HENRY
D., by and through his next friend
Gillian Brown; AND GARY E., by and
through his next friend Michael Ludin,
individually and on behalf of others
similarly situated,

Plaintiffs,

v.

DIANA BONTA, Director of California
Department of Health Services; LOS
ANGELES COUNTY; LOS ANGELES
COUNTY DEPARTMENT OF
CHILDREN AND FAMILY
SERVICES; ANITA BOCK, Director of
the Los Angeles County Department of
Children and Family Services; RITA
SAENZ, Director of the California
Department of Social Services, and Does
1 through 100, inclusive,

Defendants.

CV-02-05662 AHM (SHx)

STATE DEFENDANTS'
SUPPLEMENTAL BRIEF IN
RESPONSE TO THE
COURT'S AUGUST 14, 2008
ORDER

Hearing: Under Submission
Time: Under Submission
Courtroom: 14
Judge: Hon. A. Howard Matz

EXHIBIT C-1

1 To the Court and Plaintiffs:

2 By this pleading State Defendants submit their supplemental brief in response
3 to the order of the Court issued on August 14, 2008 as follows:

- 4 1) Declaration setting forth whether the components of wraparound as listed
5 in Appendix A and Therapeutic Foster Care as listed in Appendix B of
6 the Table of Contents attached to Redman's declaration (Exhibit A) are
7 covered by Medicaid/Medi-Cal program.
8 2) A declaration stating whether there is some State level "document"
9 (letter, regulation, etc.) that sets forth the characteristics of what services
10 fall within 1396(d)(a), such as Case Management, clinical services,
11 Rehab, and Medical. The declaration should also explain the
12 "document."

13 State Defendants provide the chart below to address the Court's directive for a
14 "yes" or "no" answer. Please note, State Defendants have provided "yes" or "no"
15 answers where possible. However, because there are components listed in
16 Appendix A and B that do not lend themselves to yes or no answers because the
17 components are only covered by Medicaid/Medi-Cal with additional
18 qualifications, State Defendants have identified these components as a "maybe."
19 All references are supported by explanations in the attached declaration of Rita
20 McCabe. (Exhibit B.)
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EXHIBIT C-2

Components of Wraparound^{1/} from Redman's Table of Contents

Is component covered?	Appendix A: Components of Wraparound Services	Authority in Declaration of Rita McCabe ^{2/}
Yes	Engagement of Child/Family	Page (p.) 6, paragraph (par.) 1.
Yes	Immediate Crisis Stabilization	P. 7, par. 2.
Yes	Ongoing Crisis and Safety Planning	P.8, par. 3.
Yes	Strengths and Needs Assessment	Id. at par. 4.
Maybe with additional qualifications	Team Formation	P. 9, par. 5.
Maybe with additional qualifications	Service Plan Development	Id. at par. 6.
Maybe with additional qualifications	Services Plan Implementation	P. 10, par. 7.
Maybe with additional qualifications	Tracking and Adapting the Service Plan	P. 11, par. 8.
Maybe with additional qualifications	Transition	Id. at par. 9.

1. Please note that the word "wraparound" has been deleted from the description of the component, per the Court's directive.

2. Rita McCabe's Declaration explains the conditions of Medicaid/Medi-Cal's coverage of the components as indicated in this chart.

EXHIBIT C-3

Components of Therapeutic Foster Care from Redman's Table of Contents

Is component covered?	Appendix B: Components of Therapeutic Foster Care	Authority in Declaration of Rita McCabe
No	Therapeutic Foster Care	P. 12, par. 1.
No	Recruiting and Matching	P. 13, par. 2.
No	Foster Parent Training	Id. at par. 3.
Maybe with additional qualifications	Development of Treatment Plan	Id. at par. 4.
Maybe with additional qualifications	Tracking and Adapting the Treatment Plan	Id. at par. 5.
Maybe with additional qualifications	Plan Implementation.	P. 14, par. 6.
Maybe with additional qualifications	Family Treatment	Id. at par. 7.
Maybe with additional qualifications	Transition	P. 15, par. 8.

As for the second directive relating to a State level "documents," State Defendants include the pertinent text of Title 9 California Code of Regulations which describes the Medi-Cal criteria. (McCabe's Decl.) Also, State Defendants have included a copy of relevant portions of California's State Plan, effective July 1, 1993 with information from Richard Hildebrand. The State Plan describes the services provided under the medi-Cal Specialty Mental Health Services Program. (Richard Hildebrand at par. 3, 4.)

Finally, the State Defendants would like to reiterate its position that Plaintiffs' Motion for Preliminary Injunction should be denied because Plaintiffs

Defendants' Further Submission of Supplemental Information (filed 8/27/08)
Katie A. et al v. Bonta et al (CV 02-05662)

Ex. A: EPSDT Chart Documentation Manual published by California Institute of Mental Health (p.1-89)

Ex. B: Norman Decl. (p.90-93)

Ex. 1: Norman CV (p.95)

Ex. 2: Rodriguez CV (p.97)

Ex. 3: DMH Letter No. 06-05 Re Implementation of the Preliminary Injunction in *Katie A.* (p.99-107)

Ex. 4: "Progress Note Quick Notation" (p.109-113)

Ex. 1: Yokoi Decl. (p. 4-6)

Ex. A: Program Code Descriptions (p.8-103)

Ex. 2: Renslo Decl. (p. 105)

Ex. A: Mental Health Medi-Cal Billing Manual (p. 109-156)

EXHIBIT D