

EXHIBIT 1

**Joint Disengagement Measures
February 13, 2017**

I. Access

Disengagement Criteria 1: Youth receive remedial services, including ICC and IHT with reasonable promptness.

Disengagement Measure 1:

- (1) In June 2016, 63% of youth seeking ICC services were offered an initial appointment within 14 days, consistent with the Medicaid access standard.
 - (A) By December 31, 2017, 70.5% 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.
 - (B) By December 31, 2018, TBD% 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.
- (2) In June 2016, 48% of youth seeking IHT services were offered an initial appointment within 14 days, consistent with the Medicaid access standard.
 - (A) By December 31, 2017, 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.
 - (B) By December 31, 2018, TBD% 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.

Disengagement Criteria 2: Youth with SED who have IHT as their hub receive all medically necessary remedial services, including appropriate assessments and care coordination.

Disengagement Measure 2:

- (1) Aggregate scores for the FY16 MPR show that 29% of youth in IHT received at least good Assessment (Area 1), 36% received at least good Service Planning (Area 2), 22% received at least good Team Formation (Area 5), 17% received at least good Team Participation (Area 6), and 29% received at least good Care Coordination (Area 7).

- (A) By December 31, 2017, based upon the MPR data for 2017, 39% of youth in IHT will receive at least good Assessment (Area 1), 46% will receive at least good Service Planning (Area 2), 32% will receive at least good Team Formation (Area 5), 27% will receive at least good Team Participation (Area 6), and 39% will receive at least good Care Coordination (Area 7). Except in rare circumstances, no youth in IHT will receive services in the adverse level (level 1) for MPR Areas 1, 2, 5, 6, and 7.
- (B) By December 31, 2018, based upon the MPR data for 2018, 49% of youth in IHT will receive at least good Assessment (Area 1), 56% will receive at least good Service Planning (Area 2), 42% will receive at least good Team Formation (Area 5), 37% will receive at least good Team Participation (Area 6), and 49% will receive at least good Care Coordination (Area 7). Except in rare circumstances, no youth in IHT will receive services in the adverse level (level 1) for MPR Areas 1, 2, 5, 6, and 7.

Disengagement Criteria 3: Youth with SED who have outpatient therapy as their hub receive all medically necessary remedial services including care coordination.

Disengagement Measure 3:

- (1) By December 31, 2016, the Defendants implemented improvements to certain billable activities for outpatient therapy and released Outpatient Guidelines and provider training.
- (2) By December 31, 2017, the Defendants will conduct the initial targeted client record review designed to assess the quality of outpatient practice in areas similar to MPR Areas 5, 6, and 7 (Team Formation, Team Participation, Care Coordination) delivered by outpatient providers to a sample of MassHealth members under the age of 21. This record review will determine a baseline measure of outpatient practice in these areas.
- (3) By December 31, 2018, the targeted client record review will demonstrate a 10% improvement over 2017 baseline scores in these areas.

II. Utilization

Disengagement Criteria 4: Youth in ICC receive appropriate assessments and treatment plans coordinating delivery of all medically necessary services.

Disengagement Measure 4:

- (1) Aggregate scores for the FY16 MPR show that 37% of youth in ICC received at least good Assessment (Area 1), 38% received at least good Service Planning (Area 2), 32% received at least good Team Formation (Area 5), 53% received at

least good Team participation (Area 6), and 55% received at least good Care Coordination (Area 7).

- (A) By December 31, 2017, based upon the MPR data for 2017¹, 47% of youth in ICC will receive at least good Assessment (Area 1), 48% will receive at least good Service Planning (Area 2), 42% will receive at least good Team Formation (Area 5), 63% will receive at least good Team participation (Area 6), and 65% will receive at least good Care Coordination (Area 7). Except in rare circumstances, no youth in ICC will receive services in the adverse level (level 1) for MPR Areas 1, 2, 5, 6, and 7.
- (B) By December 31, 2018, based upon the MPR data for 2018, 57% of youth in ICC will receive at least good Assessment (Area 1), 58% will receive at least good Service Planning (Area 2), 52% will receive at least good Team Formation (Area 5), 73% will receive at least good Team participation (Area 6), and 75% will receive at least good Care Coordination (Area 7). Except in rare circumstances, no youth in ICC will receive services in the adverse level (level 1) for MPR Areas 1, 2, 5, 6, and 7.

Disengagement Criteria 5: Youth receive other remedial services with the intensity and duration their conditions require consistent with medical necessity.

Disengagement Measure 5:

- (1) Aggregate scores for the FY16 MPR show that 54% of youth received at least good Service Delivery (Area 3) through ICC, and 47% of youth received at least good Service Delivery (Area 3) through IHT.
 - (A) By December 31, 2017, based upon the MPR data for 2017², 64% of youth will receive at least good Service Delivery (Area 3) through ICC, and 57% of youth will receive at least good Service Delivery (Area 3) through IHT. Except in rare circumstances, no youth in ICC or IHT will receive services in the adverse level (level 1) for MPR Area 3.
 - (B) By December 31, 2018, based upon the MPR data for 2018, 74% of youth will receive at least good Service Delivery (Area 3) through ICC, and 67% of youth will receive at least good Service Delivery (Area 3) through IHT. Except in rare circumstances, no youth in ICC or IHT will receive services in the adverse level (level 1) for MPR Area 3.

¹ The Defendants may use either the 2016 or 2017 ICC data for the 2017 Measures in subparagraph (A), provided they use the next consecutive year for the 2018 Measures in subparagraph (B).

² The Defendants may use either the 2016 or 2017 ICC data for the 2018 Measures in subparagraph (A), provided they use the next consecutive year for the 2018 Measures in subparagraph (B).

III. Effectiveness

Disengagement Criteria 6: Youth receive remedial services that result in improved functioning in families, home, community and school.

Disengagement Measure 6:

- (1) The Defendants will collect information through the MPR concerning whether youth are making progress, and will take appropriate action if youth are not making progress due to deficiencies in practice.

IV. Sustainability

Disengagement Measure 7:

- (1) By December 31, 2018, the Defendants will submit to the Court a sustainability plan concerning access to and the quality of remedy services described in the Judgment. The Defendants will develop the plan in consultation with the Court Monitor and will provide the Plaintiffs with an opportunity to review the plan at least 60 days prior to submission to the Court.