

EXHIBIT 2

Plaintiff's Summary of Remaining Disengagement Criteria and Proposed Outcome Measures

July 12, 2016

Based on the proposed Criteria for Disengagement negotiated by the parties and filed with the Court on June 13, 2013, plaintiffs propose the following outcome measures for determining compliance with the Court's Judgment and the Commonwealth's obligations under EPSDT:

I. Access

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

Outcome Measure 1:

- (1) The average statewide wait times for ICC meet the 14 day Medicaid access standard for six consecutive months.
- (2) The majority of youth seeking IHT services are offered an initial appointment within two business days, consistent with performance specifications, and no youth wait longer than 14 days for an initial appointment.

Disengagement Criteria 5: Youth with SED who have IHT as their hub receive all medically necessary remedial services, including appropriate care coordination.

Outcome Measure 2: IHT is delivered consistent with acceptable practice standards, as demonstrated by MPR findings that no youth are in the adverse level (level 1), and that a significant majority of youth (66%) are in the good and exemplary (best) practice range (levels 4 and 5). With respect to youth/family progress indicators, the same percentages apply to levels 1, 4 and 5.

Disengagement Criteria 6: Youth with SED who have out outpatient therapy as their hub receive all medically necessary remedial services including care coordination.

Outcome Measure 3:

- (1) Implement the parties' plan for EOS, including release of Outpatient Guidelines and provider training.
- (2) A targeted client record and claims review, using questions and scoring similar to the MPR, determines that Enhanced Outpatient Therapy service coordination is delivered consistent with acceptable practice standards, as demonstrated by MPR

findings for Areas 1, 2, 5, 6, and 7 that no youth are in the adverse level (level 1), and that a significant majority of youth (66%) are in the good and exemplary (best) practice range (levels 4 and 5).

II. Utilization

Disengagement Criteria 1: Youth in ICC and/or IHT receive appropriate assessments and treatment plans coordinating delivery of all medically necessary services

Outcome Measure 4:

- (1) ICC assessments, treatment planning, and care coordination is delivered consistent with acceptable practice standards, as demonstrated by MPR findings in Areas 1, 2, 5, 6, and 7 that no youth are in the adverse level (level 1), and that a significant majority of youth (66%) are in the good and exemplary (best) practice range (levels 4 and 5).
- (2) IHT assessments, treatment planning, and care coordination is delivered consistent with acceptable practice standards, as demonstrated by MPR findings in Areas 1, 2, 5, 6, and 7 that no youth are in the adverse level (level 1), and that a significant majority of youth (66%) are in the good and exemplary (best) practice range (levels 4 and 5).

Disengagement Criteria 2: Youth receive other remedial services with the intensity and duration their conditions require.

Outcome Measure 5: Intensity and duration of IHT, IHBT, and TM services, delivered consistent with acceptable practice standards, as demonstrated by MPR findings in Area 3 that no youth are in the adverse level (level 1), and that a significant majority of youth (66%) are in the good and exemplary (best) practice range (levels 4 and 5).

III. Effectiveness

Disengagement Criteria 1: Youth receive remedial services that result in improved functioning in families, home, community and school.

Outcome Measure 6: Services are provided in a manner that results in a significant majority of youth (66%) making good or exceptional progress youth making good progress, as demonstrated by MPR findings in Area 13, and that no youth are found to be in a worsening or declining condition (level 1).