

Amendment Number X
Contract #30-2022-007-DHB-X

Medicaid Direct Prepaid Inpatient Health Plan Contract

THIS Amendment (“Amendment”) to Contract #30-2022-007-DHB-X (“Contract”), is between the North Carolina Department of Health and Human Services (“Department”, Division of Health Benefits (“DHB”), and XXXX (“Contractor” or “PIHP”), each, a Party and collectively, the Parties.

Purpose:

The purpose of this Amendment is to:

- I. Modify requirements in *Section II. Definitions and Abbreviations*;
- II. Modify requirements in *Section IV. Scope of Services*; and
- III. Modify requirements in *Section VI. Contract Attachments* as specified herein.

The Parties agree as follows:

I. Modifications to Section II. Definitions and Abbreviations

Specific subsections are modified as stated herein

a. *Section II. Definitions and Abbreviations, A. Definitions is revised to add the following:*

- 221. ACT:** Assertive Community Treatment services provided in accordance with Medicaid Clinical Coverage Policy 8A-1 *Assertive Community Treatment (ACT) Program* or State-Funded Assertive Community Treatment.
- 222. ACT Fidelity Review:** The comprehensive evaluation of each Assertive Community Treatment (ACT) provider conducted periodically by the entity designated by the Department, based upon the Tool for Measurement of ACT (TMACT) which is used to assess how well a provider is performing in critical elements of ACT and to identify any areas where improvement is needed.
- 223. IPS Fidelity Review:** The comprehensive evaluation of each Individual Placement and Support (IPS) Supported Employment Services provider by the entity designated by the Department, based upon the IPS fidelity tool which is used to assess how well a provider is performing in critical elements of IPS and to identify any areas where improvement is needed.
- 224. IPS:** Individual Placement and Support Supported Employment services provided in accordance with the IPS fidelity model within Medicaid Clinical Care Policy 8H-2 *1915(i) Individual Placement & Support (IPS) for Mental Health and Substance Use* or Amended State-Funded Individual Placement & Support (IPS) for Adult Mental Health/Adult Substance Use (AMA/ASA).

225. **Lease up:** When an individual signs a lease for a property of that individual's choosing and has all rights and responsibilities of tenancy that individuals without disabilities have.

b. **Section II. Definitions and Abbreviations, B. Abbreviations and Acronyms is revised to add the following:**

241. **ACT:** Assertive Community Treatment

242. **IPS:** Individual Placement & Support

243. **CST:** Community Support Team

II. **Modifications to Section IV. Scope of Services**

a. **Section IV. Scope of Services, N. Transitions to Community Living, 1. TCL Program Implementation, d. is revised and restated as follows:**

- d. The PIHP's RN/OT Evaluator Team shall provide physical health and functional assessments and transition planning assistance primarily for TCL members transitioning from Adult Care Homes (ACHs), and to the extent capacity allows, to TCL members transitioning from other settings, with complex medical and/or functional conditions that significantly impede the transition of the member into the community (severity is determined by the PIHP screening process). The RN/OT Evaluator Team shall complete all of the following:
- i. Within thirty (30) Calendar Days after referral of the TCL member to the RN/OT Evaluator Team, perform an in-person, initial physical health and functional assessment of the TCL member, review the member's records and collateral information available from other sources, and develop recommendations for services and supports needed to support the member in community-based housing. When the TCL member resides in another PIHP's region, the "home and host" process described in the below subsection (e) shall apply.
 - ii. Within thirty (30) calendar days after the RN/OT Evaluator Team's initial assessment of the TCL member, provide the member's behavioral health services provider maintaining the member's Person-Centered Plan a copy of the physical health and functional assessment and the RN/OT Evaluator Team's recommendations for services and supports needed to support the member in community-based housing in the next transition team meeting;
 - iii. The RN/OT Evaluator Team or qualified PIHP staff working with them will perform a housing walkthrough to assess the TCL member's need for physical and functional health accommodations in the member's chosen housing to further inform and implement the RN/OT Evaluator Team's assessment recommendations. This walkthrough shall be done before transition, except to the extent when that is not possible due to housing occupancy restrictions, the walkthrough will be performed within three (3) Business Days after the member's transition.

- iv. Within seven (7) calendar days after the RN/OT Evaluator Team's walkthrough of the member's community-based housing, consult face-to-face (preferably in person, or using Telehealth instead) with the TCL member and the TCL member's behavioral health service providers to include the medical, self-care, functional skill development recommendations and reasonable accommodations recommendations pertaining to the TCL member's housing in the member's person-centered plan; and present any recommended specialty care services to the TCL member and to their attending ordering provider. If the ordering provider and the TCL member approve the recommendation, the ordering provider will make the appropriate referral.
 - v. During the ninety (90) days post-transition period, verify that the TCL member's chosen physical health, behavioral health and specialty services are effective, and shall reassess as needed to make additional recommendations.
- e. The Home and Host RN/OT Evaluator Team Process is based upon the guidance regarding In-Reach and Transitioning Individuals Between LME-MCOs set forth on the Department's TCL website. If the member resides in a county which is not their county of Medicaid eligibility, the home PIHP may contact the host or PIHP defined at the county in which the member resides. After the home PIHP receives member-signed releases of information to exchange information, the host PIHP RN/OT Evaluator Team would complete and share the assessment with the home PIHP RN/OT Evaluator Team. The home TCL Transition Coordinator and Transition Team would incorporate the host RN/OT Evaluator Team assessment recommendations into the transition plan and Person-Centered Plan and follow existing In-Reach and Transitioning Individuals between LME-MCOs guidance for additional RN/OT Evaluator Team responsibilities.

b. Section IV. Scope of Services, N. Transitions to Community Living, 2. Tailored Care Management for TCL Members, is revised to add the following:

- n. The PIHP shall include as part of the PIHP's Care Management Policy, submitted to the Department for review and approval, a new component of the PIHP's Care Management Policy that incorporates policies and procedures for delivering Tailored Care Management to TCL members, within sixty (60) Calendar Days of June 20, 2024, to address all of the following:
 - i. TCL members and TCL-eligible individuals are afforded a choice of Tailored Care Management provider.
 - ii. How PIHP TCL staff will work cooperatively and coordinate with the TCL members' Tailored Care Management providers to ensure that all care management and care coordination needs of the TCL member or TCL-eligible individual are effectively addressed.
 - iii. Criteria for the PIHP's evaluation and endorsement of qualified AMH+ practices and CMAs through a letter of support for TCL designation in accordance with the process developed by the Department and written guidance issued by the Department, as described in Section IV.N.2.g. and Section IV.N.2.h.

- iv. How the PIHP will monitor services provided by TCL Designated Tailored Care Management providers to confirm criteria established by the Department and the PIHP as described in Section IV.N.2.k. are met.
- v. Expedited process by which the PIHP will receive and respond to inquiries from a TCL member's Tailored Care Management provider in accordance with the timelines specified in this Contract.
- vi. How PIHP TCL staff will work collaboratively with each TCL member's Tailored Care Management provider to:
 1. Share the TCL member's person-centered plan with the TCL member's Tailored Care Management care manager,
 2. Ensure the TCL member's Tailored Care Management care manager participates in TCL member care team meetings,
 3. Complete training on coordinating care with each TCL member's Tailored Care Management provider, and;
 4. Coordinate the provision of Tailored Care Management to the TCL member.
- vii. PIHP's approach to providing technical assistance to AMH+ practices and CMAs, including those designated to provide Tailored Care Management to TCL members.
- viii. The PIHP shall review, and to the extent necessary, provide technical assistance regarding each Tailored Care Management providers' policies and procedures for serving TCL members.

c. Section IV. Scope of Services, N. Transitions to Community Living, 3. Housing, a. Development and Improvement of Housing Opportunities, iv., is revised and restated as follows:

- iv. Upon execution of this Amendment, the PIHP shall oversee the housing inspections in accordance with the annual Housing Quality Standards (HQS) or National Standards for the Physical Inspection of Real Estate (NSPIRE) which must be timely conducted by a third-party HQS / NSPIRE certified housing inspector to ensure that each permanent supportive housing unit is safe, fully functional, and sanitary.
 1. For quality control purposes, the Housing Collaborative will conduct inspection reviews of no less than five (5) of each PIHP's permanent supportive housing units each month by the PIHP's inspectors, at the Department's expense. Quality Assurance inspections will be completed within 60 days of the original inspection and may include just a paper review of previous inspection report if no citations were noted. PIHP will be notified of units for Quality Assurance inspection prior to an inspector visiting the property and findings will be shared with PIHP prior to communicating with the property. If inspections completed by the Housing Collaborative identify any noncompliant properties, the PIHP will have the opportunity to demonstrate that the issues causing the HQS /

NSPIRE inspection to fail occurred after completion of the more recent timely inspection of the property by the PIHP.

- v. PIHP may request written approval from the Department to utilize HQS / NSPIRE certified housing inspectors employed directly by the PIHP, subject to the Department's review of information presented by the PIHP, and in accordance with the following:
 - 1. The PIHP shall ensure timely completion of no less than ninety percent (90%) of housing inspections in accordance with the Department's TCL Housing Guidelines. If at any time, more than ten percent (10%) of the PIHP's required housing inspections are untimely, PIHP shall retain a third-party certified housing inspectors to the extent needed to complete all pending and overdue inspections within thirty (30) Calendar Days.
 - 2. If the Department determines that the PIHP has not sufficiently demonstrated that the cause of HQS / NSPIRE inspection failure occurred after timely inspection by the PIHP, then PIHP will be required to contract with the Housing Collaborative at PIHP's expense, for re-inspection of any units that failed HQS / NSPIRE inspection and retain a third-party certified inspector to verify no less than two percent (2%) of HQS/NSPIRE inspections conducted by the PIHP-employed Housing Specialist HQS / NSPIRE-certified inspectors during the past six (6) months.
 - 3. The Department may rescind its approval of the PIHP's use of PIHP-employed HQS / NSPIRE -certified inspectors if the Housing Collaborative inspections find that fifteen percent (15%) or more of the housing inspections performed by the PIHP's HQS/NSPIRE certified inspectors do not meet passing inspection standards; if the PIHP has failed to complete at least ninety percent (90%) of the housing inspections in a timely manner; or if PIHP fails to materially comply with any other requirements of this Section regarding inspection of permanent supported housing.
 - 4. As a condition of its approval, the Department may require that a third-party certified housing inspector verify a percentage of inspections conducted by the PIHP's HQS/ NSPIRE housing inspectors were conducted in accordance with Department TCL Housing Guidelines.

d. Section IV. Scope of Services, N. Transitions to Community Living, 3. Housing, a. Development and Improvement of Housing Opportunities, is revised to add the following:

- vi. The PIHP shall develop and implement a regional enhanced bridge housing program that provides transitional housing for TCL members, including without limitation individuals transitioning from State Psychiatric Hospitals and Adult Care Homes. PIHP shall operate its regional bridge housing program in accordance with the Department's TCL Housing Guidelines, the Settlement Agreement, and the TCL Implementation Plan. The PIHP shall submit a monthly TCL Housing Entry and Exit Report through PCDU detailing the utilization of the regional enhanced bridge housing program. Through its regional enhanced bridge housing program, the PIHP shall

monitor and incorporate requirements into provider contracts for regional enhanced bridge housing to complete the following functions for TCL members:

1. Physical health and functional assessment to the extent needed in accordance with the TCL Housing Guidelines,
 2. Ensure furnishing of skill building services prior to transitioning to the community, and
 3. Ensure delivery of services to support the TCL member's person-centered goals that include access to housing, services, employment, and other community integration efforts.
- vii. The PIHP shall provide In-Reach, transition and housing services to achieve the benchmarks established in the Department's TCL Housing Performance Plan. The PIHP shall submit to the Department data to demonstrate the PIHP's compliance with the TCL Housing Performance Plan Measures within twenty (20) Calendar Days after the last day of each quarter.
- viii. If the PIHP fails to meet the performance measures under the Department's TCL Housing Performance Plan, the Department reserves the right to impose any and all remedies available under Section V. of the Contract.

e. Section IV. Scope of Services, Section N. Transitions to Community Living, 3. Housing, c. In-Reach, is revised to add the following:

- iii. During In-Reach, the TCL In-Reach Specialist shall offer the TCL member (and where applicable, their guardian) opportunities to meet with other individuals with similar disabilities who:
1. Have transitioned into community-based permanent supportive housing through TCL,
 2. Are competitively employed and/or receiving adult education or training, and
 3. Are receiving services within the community, and integrated and active in their community and/or family.
- iv. Prior to disclosing the identity, disability status, diagnosis, and/or contact information of an individual with similar disabilities to a TCL member, the PIHP's TCL In-Reach Specialist shall obtain and document the individual with similar disabilities' consent for disclosure to the TCL member.
- v. If the TCL member (and where applicable, their guardian) chooses to meet with these transitioned individuals, the In-Reach Specialist shall facilitate and attend such face-to-face meetings "(preferably in person, or if not reasonably feasible, using Telehealth). The visit shall be performed in-person, and/or in the community based, or using Telehealth upon the TCL member's preference.

f. Section IV. Scope of Services, N. Transitions to Community Living, 3. Housing, e. Services, is revised and restated as follows:

- e. Reserved

g. Section IV. Scope of Services, N. Transitions to Community Living, 3. Housing, f. Quality Assurance and Performance Improvement, is revised and restated as follows:

f. Reserved

h. Section IV. Scope of Services, N. Transitions to Community Living, 3. Housing, i. Housing Pilot, is revised and restated as follows:

i. Housing Pilot

i. PIHPs participating in the Department's TCL Housing Pilot will work cooperatively with the Department to streamline the process for accessing and utilizing targeted housing units for TCL members, allowing the PIHP to develop and foster relationships directly with property managers. PIHP shall perform all of the following key responsibilities as part of the TCL Housing Pilot:

1. Recruit, onboard, train and supervise the dedicated team of Housing Specialists who are assigned to the TCL Housing Pilot to improve access to Targeted/Key units in new Low-Income Housing Tax Credit-financed properties, and to effectively coordinate pre-tenancy and tenancy sustaining services offered by in reach staff, peer support services and case management staff.
2. Participate to the development of a standard process map as well as TCL Housing Pilot policies and procedures for initial lease up activities of the targeted units consistent with the In-Reach/ Transition and Diversion Manual.
3. Participate to the development of evaluation criteria/outcomes used to measure the success of the TCL Housing Pilot through working with North Carolina Housing Finance Agency (NCHFA) and the Technical Assistance Collaborative (TAC) to develop a means to collect and report to the Department on lease up increases and period of time to lease up throughout the pilot.
4. Support Housing Specialists to evaluate data on lease up increases and time to lease up gathered during the pilot to conduct periodic process improvements.
5. The PIHP's TCL Housing Pilot staff shall actively participate in pilot planning and implementation meetings scheduled by the Department to be held no less frequently than monthly. PIHP TCL Housing Pilot Staff shall participate in training with key parties including without limitation, the Department, NCHFA, and the Technical Assistance Collaborative (TAC), as well as the PIHP's dedicated Housing Specialists, as needed and as determined by the Department.
6. Collaborate with the Department's consultant, the TAC, in evaluation and discussion of lessons learned to assess efforts and improve processes after the initial lease up process is complete with a property.

7. Meet with property development managers within one hundred (100) Calendar Days prior to property availability once property data sheets are available (i.e., one hundred twenty (120) Calendar Days prior to property availability) to build relationships and understand the property's application processes.
8. Refer directly and assist TCL members in executing a lease and conduct move-in tenancy management activities as needed, such as furnishing unit and setting up utilities, in order to fill available targeted housing units once a certificate of occupancy is provided.
9. Work cooperatively with the Department's Division of Aging and Adult Services to complete and process waivers when needed for referred TCL members.

i. Section IV. Scope of Services, N. Transitions to Community Living, is revised to add the following:

4. Behavioral Health Services

a. Access to Array and Intensity of Behavioral Health Services

- i. The PIHP shall submit an annual TCL Service Capacity Report to the Department on an annual basis in July 2025, in accordance with templates issued by the Department.
- ii. The PIHP shall provide access to the array and intensity of services and support necessary to enable TCL members, with or without a housing slot, to successfully transition to and live in the community in accordance with the TCL Implementation Plan, Settlement Agreement, and any guidance issued by the Department regarding Behavioral Health Services for TCL members, which will be assessed based on the TCL Annual Service Capacity Report.
 1. The TCL member must be fully informed of their rights and opportunities to transition into community-based permanent supportive housing, employment/education, behavioral, medical, function skill and other services, and community integration activities in the community of their choice;
 2. The member completes an Informed Decision-Making Tool (IDM) with the PIHP;
 3. For fidelity reviews completed on or after the July 20, 2024, the PIHP shall require Providers scoring in the low fidelity range (3.0-3.4 for ACT, below 100 for IPS) to receive coaching and TA from the Department's vendor. Within 30 days of the final debrief, providers scoring in the low fidelity range will contact the Department's vendor to begin coaching and TA. Coaching and TA will last a minimum of 6 months. The scope of the training and coaching assignment will be determined by the Department's vendor in consultation with the Department based on an assessment of areas of improvement and recommendations

detailed in the final fidelity report. The PIHP will be notified of any providers who do not initiate required coaching and TA or any providers who do not complete required coaching and TA.

b. Assertive Engagement

- i. The PIHP shall monitor community service providers and update provider contracts as needed to ensure assertive engagement is provided for TCL members or TCL-eligible individuals, and that assertive engagement services provided include all of the following:
 1. Engage regularly and build rapport with TCL members or TCL-eligible individuals in the facility;
 2. Serve as standing and tasked members of transition teams supporting TCL members or TCL-eligible individuals;
 3. Complete assigned transition tasks before, during and after the TCL member's or TCL-eligible individual's transition; and
 4. Be available to directly assist the TCL member or TCL-eligible individual in pre-transition community visitation.
- ii. The PIHP shall utilize funding provided by the Department to expand assertive engagement for the purpose of ensuring and improving access to assertive engagement for TCL members, including without limitation, to increase rates and/or improve payment models, and to improve the availability and provision of intensive services for TCL members in facilities.
- iii. The PIHP shall establish and implement provider contractual requirements for assertive engagement that are consistent with the Department's guidance regarding assertive engagement, and the requirements of the Settlement Agreement and the Department's TCL Implementation Plan.

5. IPS Services

a. Prioritized IPS for TCL Members

- i. The PIHP shall improve the capacity and performance of service providers to engage TCL members regarding IPS and to improve employment outcomes for TCL members in accordance with TCL Supported Employment Guidance issued by the Department and with the Department's TCL Implementation Plan.
- ii. The PIHP shall prioritize TCL members to receive IPS and that TCL members who make an informed choice to pursue competitive integrated employment are referred to the PIHP for a 1915(i) assessment, complete the 1915(i) assessment, have included IPS in the TCL member's Care Plan/ ISP, and upon approval of 1915(i) eligibility as determined by the Department, are referred to an IPS provider.
 1. The PIHP shall educate TCL members regarding IPS and the benefits of employment on recovery leveraging the behavioral health supports the member is currently receiving. Evidence based IPS for TCL members includes without limitation, assistance in preparing for, identifying, and maintaining competitive integrated employment.

- b. Implementation of Standardized North Carolina Collaborative for Ongoing Recovery through Employment (NC CORE) Model
 - i. The PIHP shall implement the NC CORE Model for IPS provided to TCL members in accordance with guidance issued by the Department and with the Department's TCL Implementation Plan.
 - ii. The PIHP shall oversee its provider network to ensure that the delivery of IPS services under the NC CORE Model enables providers to engage TCL members, enroll them in services, provide integrated services, assist them in preparing for employment or education, identify job opportunities consistent with individuals' choices, and assist individuals to obtain and maintain employment and receive follow-up services following employment as needed.
 - iii. The PIHP shall provide technical assistance to all providers on the effective implementation of the NC CORE milestone payment model for IPS services provided to TCL members.
 - iv. The requirements of subsection IV.N.4.a.i.-ii. shall not apply to TCL members receiving ACT.
- c. Improved IPS and ACT Supported Employment Services
 - i. The PIHP shall monitor its provider network to ensure that TCL members receiving ACT who elect to receive supported employment are provided supported employment by the vocational specialist on the ACT team.
 - ii. The PIHP shall develop and maintain IPS and ACT provider capacity that is adequate to serve TCL members in the essential area of supported employment.
 - iii. The PIHP shall improve the quality and outcome of IPS Services in accordance with the IPS Strategic Plan approved by the Department and progress will be reviewed with the PIHP in bi-monthly calls starting July 2024.
 - iv. To improve IPS and ACT supported employment services, the PIHP shall:
 1. Review each service provider's current IPS Fidelity Review, or ACT Fidelity Review (as applicable) upon receipt of the final fidelity report from the Department and provide technical assistance to providers to address recommended improvements. The PIHP shall develop plans of correction for long-standing provider fidelity issues and monitor the provider's progress in subsequent fidelity reviews.
 2. Submit required monthly TCL IPS Population and Utilization Reports to the Department, including data required as part of the Department approved IPS Strategic Plan.
 3. Submit required quarterly TCL IPS Strategic Plan Progress Reports to the Department, including data required as part of the Department approved IPS Strategic Plan.
 4. Facilitate, technically support, record provider feedback, and invite trainers to in-network IPS collaboratives that include ACT employment specialists and peer-run entities involved in IPS support.
 5. Improve IPS providers' linkage to Vocational Rehabilitation (VR) offices throughout PIHP's region, attend key statewide VR meetings, invite VR

- offices into IPS collaboratives, and assertively engage VR regional leadership to problem-solve and improve NC CORE service to TCL members.
6. Facilitate the expansion of benefits counseling by network providers, improve VR benefits counseling linkage for TCL members, when applicable, and facilitate improved relationships between local Social Security Administration offices and IPS providers.
- d. Integrated Supported Employment and Behavioral Health Services for TCL Members
- i. The PIHP shall include provisions in its IPS Supported Employment Service provider contracts and shall monitor its providers to ensure that TCL members receive IPS Supported Employment Services from a provider who also offers integrated behavioral health services in accordance with TCL Supported Employment Guidance issued by the Department and with the Department's TCL Implementation Plan, including job preparation, job identification, and job retention.
 - ii. The PIHP shall inform all TCL members of IPS through face-to-face visits, Telehealth, phone calls, or written materials provided to member. The PIHP shall engage with each member to consider IPS services and refer any TCL members who make an informed decision for a 1915(i) assessment to be referred and receive IPS services. The PIHP shall engage the TCL member utilizing strategies provided in accordance with TCL Supported Employment Guidance issued by the Department and with the Department's TCL Implementation Plan.
 - iii. The PIHP shall ensure that all TCL members receiving ACT services are educated on and offered supported employment services integrated with other behavioral health services provided through ACT.
 - iv. The PIHP shall inform all TCL members receiving ACT services of supported employment embedded in the ACT services, to enable them to make an informed decision to be connected to the Supported Employment Services.
6. Quality Assurance and Performance Improvement
- a. The PIHP shall include the following additional elements in its QAPI Plan to support its current and future TCL members, in accordance with TCL QAPI Guidance issued by the Department:
 - i. Processes to monitor, assess, ensure and improve the quality and sufficiency of services and supports provided to populations in or at risk of entrance into institutional, as referenced in the TCL Settlement Agreement, or adult care home settings, including TCL member outcomes monitoring. The TCL QAPI plan will address service aspects including and not limited to the following:
 1. Person-Centered Plans adhere to the Department issued Person-Centered Planning Guidance document and training;
 2. Services are individualized, evidence based, and recovery focused as outlined in the TCL Implementation Plan;
 3. Services and supports strengthen the individual's integration into community living;

4. Services and supports mitigate housing separations;
5. Expansion of evidenced based peer support (examples include Wellness Recovery Action Plan (WRAP) and Wellness Management Recovery (WMR)), focused on individuals in the current and future TCL target population; and
6. Crisis planning and response services adhere to Person Centered Planning Guidance Document and Template.
7. Contract providers meet the four core requirements of the Settlement Agreement:
 - a. Providing services that are recovery focused and evidence based;
 - b. Providing services that are flexible to meet the individualized needs of the individual;
 - c. Providing services that help individuals to increase their ability to recognize and deal with situations that may otherwise result in crises; and
 - d. Providing services that increase and strengthen the individual's network of community and natural supports, as well as their use of such supports.
- ii. Processes to monitor, assess, ensure, and improve the delivery, quality and effectiveness, and outcomes of contracted In-Reach, discharge and transition planning, pre-screening and diversion, and supportive housing functions for populations in or at risk of entrance into institutional or adult care home settings.
- b. In accordance with TCL QAPI guidance issued by the Department, the PIHP shall provide the Department an inventory of its current TCL QAPI processes on or before May 31, 2024, and shall integrate TCL QAPI Plan elements into its overall QAPI and QMIP by September 2, 2024. Beginning with the report due August 14, 2024, the PIHP shall submit to the Department within forty-five (45) Calendar Days following the end of each quarter a TCL QAPI Progress Report regarding implementation of the TCL component of its QAPI Plan in accordance with TCL QAPI Guidance issued by the Department.

III. Modifications to Section VI. Attachments

Specific subsections are modified as stated herein.

- a. **Section VI. Third Revised and Restated Attachment I. Reporting Requirements is revised and restated as Section VI. Fourth Revised and Restated Attachment I. Reporting Requirements** and is attached to this Amendment.
- b. **Section VI. Attachment X. Annual Housing Expectations is revised and restated as Section VI. First Revised and Restated Attachment X.** and is attached to this Amendment.

IV. **Effective Date:** This Amendment is effective June 20, 2024, unless otherwise explicitly stated herein, upon the later of the execution dates by the Parties, subject to approval by CMS.

V. **Other Requirements:** Unless expressly amended herein, all other terms and conditions of the Contract, as previously amended, shall remain in full force and effect.

VI. **Execution:**

By signing below, the Parties execute this Amendment in their official capacities and agree to the amended terms and conditions outlined herein as of the Effective Date.

Department of Health and Human Services

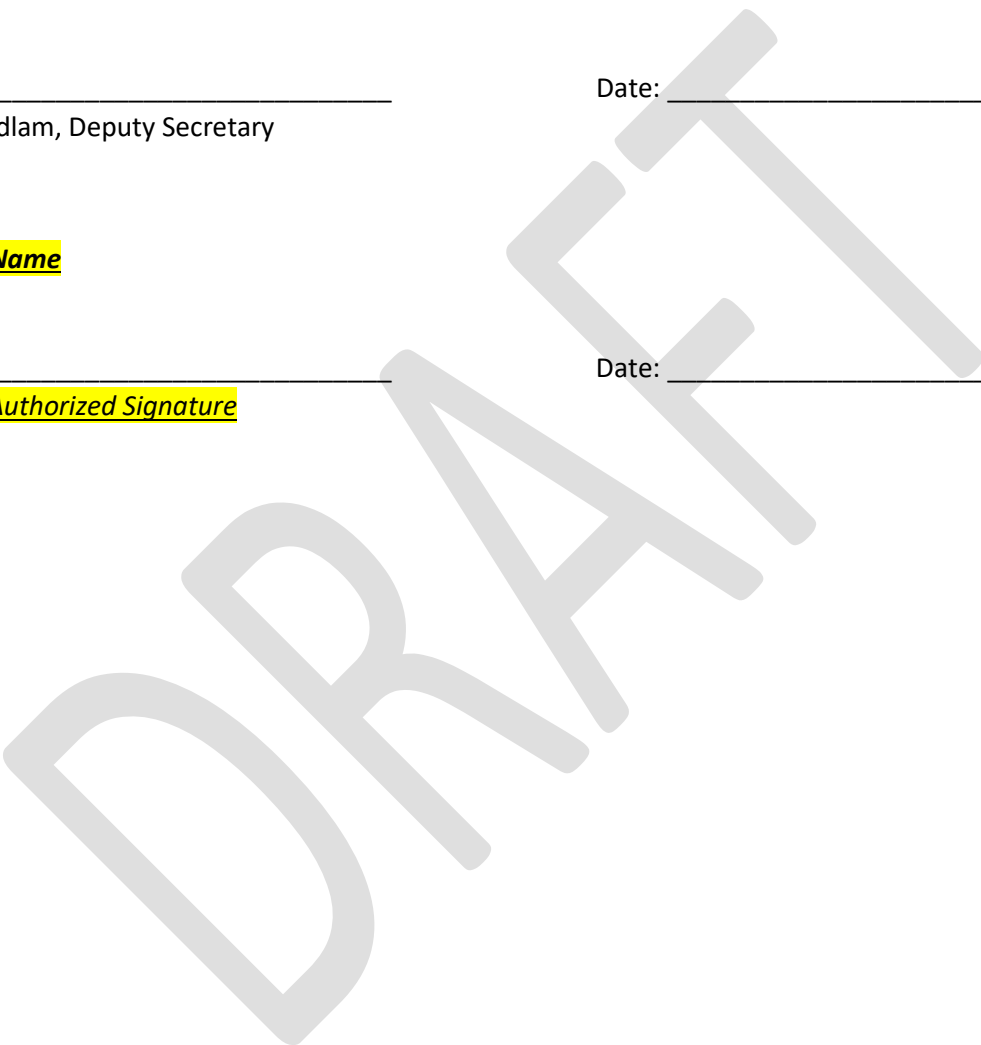
Jay Ludlam, Deputy Secretary

Date: _____

PIHP Name

PIHP Authorized Signature

Date: _____



Section VI. Fourth Revised and Restated Attachment I. Reporting Requirements

The following tables detail the reports PIHP must submit to Department.

PIHP shall submit select reports, as identified in *Fourth Revised and Restated Attachment I. Table 1: PIHP Reporting Requirements* and *Fourth Revised and Restated Attachment I. Table 2: PIHP Data Extracts*.

1. Although the Department has indicated the reports that are required, PIHP may suggest additional reports.
2. As part of Readiness Review, PIHP shall submit to Department all reports for approval prior to commencing operations or performing services according to the terms of this Contract.
3. PIHP shall submit complete and accurate data required by Department for tracking information on Members obtaining Medicaid in Medicaid Direct PIHP and with providers contracted to provide those services.
 - a. This information shall include information on Member eligibility for services, Member demographics, adverse events and service outcomes for Members served by PIHP; and In-Reach visits, diversion activities, transition planning and leasing and service information for individuals transitioning out of State hospitals and transitioning out of or diverted from adult care homes.
4. PIHP shall submit all data on a schedule provided by Department and shall participate in data quality improvement initiatives specified by Department.
5. PIHP shall require and monitor the compliance of contract providers to comply with reporting requirements for data that providers submit directly to Department.
6. PIHP shall implement quality assurance processes to ensure accurate and timely reporting of data submitted by providers directly to Department.

| Section VI. Fourth Revised and Restated Attachment I. Table 1: PIHP Reporting Requirements | | |
|---|---|------------------|
| PIHP Report Name | PIHP Report Description | Frequency |
| A. Administration and Management | | |
| 1. PIHP Operating Report | Annual report of each entity identified under the PIHP Operating Report, providing evidence of PIHP oversight activities and entity performance (i.e., metrics, CAPs, sanctions). | Annually |
| B. Members | | |
| 1. Member Services Quality Assurance Report | Quarterly report of survey results which measures Member ability to access needed services, ease of use of telephone, webinar services, convenience, help function effectiveness and recommendations for engagement/education approach adjustments based on survey results. | Quarterly |
| 2. Member Appeals and Grievances Report | Quarterly report on the appeals and grievances received and processed by the PIHP including the total number of appeal and grievance requests filed with the PIHP, the basis for each appeal or grievance, the status of pending requests, and the disposition of any requests that have been resolved. | Quarterly |
| 3. PIHP Enrollment Summary Report | Monthly summary report highlighting key member enrollment activities, consistent with 42 C.F.R. § 438.66(c)(1) - (2) and including number and rate of enrollment and disenrollment by Medicaid eligibility category, number of Member welcome packets sent, and time to distribute Member welcome packets. | Monthly |
| 4. Change in Member Circumstances Report | Weekly report used to notify NC Medicaid of changes in Member circumstances in accordance with 42 C.F.R. § 438.608(a)(3). | Weekly |
| 5. Non-Verifiable Member Addresses and Returned Mail Report | Weekly report including the template and process flow for Non-Verifiable Member Addresses and Returned Mail. | Weekly |
| C. Benefits | | |
| 1. Institute of Mental Disease (IMD) Report | Bi-Weekly summary of Members who are receiving acute psychiatric care or SUD services in an IMD, including name, Medicaid ID number, DOB, eligibility category, SUD diagnosis, provider name, provider NPI, facility admission date, facility discharge date, revenue or procedure code, and billed and paid units. | Bi-Weekly |
| 2. EPSDT Reports | Quarterly EPSDT reporting including Member and Provider EPSDT outreach. | Quarterly |
| 3. Innovations / TBI Waiver Slot and Waiting List Report | Monthly report on the status of the use of waiver reserved capacity, and list of Members on the Registry of Unmet Needs (waiting list). Report can be included with TP Innovations Waiver Slot and Waiting List Report. | Monthly |
| 4. Reserved. | | |

| Section VI. Fourth Revised and Restated Attachment I. Table 1: PIHP Reporting Requirements | | |
|---|---|------------------|
| PIHP Report Name | PIHP Report Description | Frequency |
| 5. Monthly CWCN | Monthly report containing the names and member Medicaid ID numbers, and all data fields as outlined in the approved DHHS CWCN data template of members identified as CWCN per the PIHP Plan's Region. | Monthly |
| 6. Ongoing Transitions of Care Status Reports | Monthly reporting identifying and reconciling data for Members who are transitioning to and from the PIHP on an ongoing basis. | Monthly |
| 7. Innovations Performance Measures Report | Quarterly/semi-annual/annual PMs are required to demonstrated compliance with 1915(c) waiver assurances. | Quarterly |
| 8. TBI Performance Measures Report | Quarterly/semi-annual/annual PMs are required to demonstrated compliance with 1915(c) waiver assurances. | Quarterly |
| 9. 1915(i) Performance Measures Report | This report is to demonstrate ongoing compliance with annual/semi-annual/quarterly 1915(i) state plan performance measures. | Quarterly |
| 10. Emergency Department Boarding for Children in Medicaid | Weekly report of all children under age 18 who are boarding in an Emergency Department awaiting medically necessary treatment for Behavioral Health, IDD, or TBI. For any child in the ED over 7 days, document escalation to PIHP Clinical Director or designee. | Weekly |
| 11. Daily Reporting on Community Integration Services and Supports | Daily report of information on community integration services (e.g., housing, in-reach and transition, diversion, Assertive Community Treatment (ACT), CST, supported employment, and other services) for members SMI residing in or at-risk of entry into State psychiatric hospitals or adult care homes, using the Transition to Community Living Database (TCLD), or other systems determined by the State. | Daily |
| 12. Daily Reporting on Supportive Housing Rental Subsidies and Leases | Daily reporting of rental subsidy information for, including but not limited to, individuals with SMI residing in or at-risk of entry into State psychiatric hospitals or adult care homes, using the Community Living Integration and Verification (CLIVE) system. | Daily |
| 13. 1915 Service Authorization Report | Authorized and billed 1915(i), 1915(c), 1915(b)(3) services for community living supports, community networking, supported employment, and supported living. | Bi-Annually |
| 14. Service Associated Request Report | PIHPs decision regarding the service requested on the Request to Move: Provider Form. | Monthly |
| D. Care Management and Care Coordination | | |
| 1. Care Needs Screening Report | Quarterly report of Member screening results, including Healthy Opportunity & Care Needs Screening of Members. | Quarterly |

| Section VI. Fourth Revised and Restated Attachment I. Table 1: PIHP Reporting Requirements | | |
|---|---|------------------|
| PIHP Report Name | PIHP Report Description | Frequency |
| 2. Reserved. | | |
| 3. TCM Provider Status Change Report | Monthly reporting on tracking TCM provider status changes and the associated decision reasoning. | Monthly |
| 4. TCM Provider Contracting and Integration Report | Weekly TCM Provider contracting and integration status report. | Weekly |
| E. In-Reach and Transitions | | |
| 1. IDD In Reach, Diversion, Transition Activity Report | <p>This report is for IDD members related to:</p> <p><u>In Reach:</u> Number and percentage of members who are referred for or request placement in an institutional setting or ACH who are then placed in an institutional setting or ACH. To be reported by diagnosis (e.g., I/DD), and by setting (e.g., ICF-IID Not Operated by the State, State Developmental Center, state psychiatric hospital, PRTF, Residential Treatment Levels II/Program Type, III, and IV, ACH).</p> <p><u>Diversion:</u> Number and percentage of members eligible for diversion activities who are engaged for diversion activities; number and percentage of members who remain in the community after engaging in diversion activities. To be reported by diagnosis (e.g., I/DD), and by setting (e.g., ICF-IID Not Operated by the State, State Developmental Center, state psychiatric hospital, PRTF, Residential Treatment Levels II/Program Type, III, and IV, ACH).</p> <p><u>Transition:</u> Number and Percentage of Members identified for transition who are discharged through the transition planning process; number of days following discharge that a member began receiving community services; and information related to both successful and unsuccessful transitions. To be reported by diagnosis (e.g., I/DD), and by setting (e.g., ICF-IID Not Operated by the State, State Developmental Center, state psychiatric hospital, PRTF, Residential Treatment Levels II/Program Type, III, and IV, ACH).</p> | Quarterly |
| 2. SED In Reach, Diversion, Transition Activity Report | <p>This report is for SED members related to:</p> <p><u>In Reach:</u> Number and percentage of members who are referred for or request placement in an institutional setting or ACH who are then placed in an institutional setting or ACH. To be reported by diagnosis (e.g., SMI, SED), and by setting (e.g., ICF-IID Not Operated by the State, State</p> | Quarterly |

Section VI. Fourth Revised and Restated Attachment I. Table 1: PIHP Reporting Requirements

| PIHP Report Name | PIHP Report Description | Frequency |
|---|--|------------------|
| | <p>Developmental Center, state psychiatric hospital, PRTF, Residential Treatment Levels II/Program Type, III, and IV, ACH).</p> <p><u>Diversion:</u> Number and percentage of members eligible for diversion activities who are engaged for diversion activities; number and percentage of members who remain in the community after engaging in diversion activities. To be reported by diagnosis (e.g., SMI, SED), and by setting (e.g., ICF-IID Not Operated by the State, State Developmental Center, state psychiatric hospital, PRTF, Residential Treatment Levels II/Program Type, III, and IV, ACH).</p> <p><u>Transition:</u> Number and Percentage of Members identified for transition who are discharged through the transition planning process; number of days following discharge that a member began receiving community services; and information related to both successful and unsuccessful transitions. To be reported by diagnosis (e.g., SED), and by setting (e.g., ICF-IID Not Operated by the State, State Developmental Center, state psychiatric hospital, PRTF, Residential Treatment Levels II/Program Type, III, and IV, ACH).</p> | |
| <p>3. TBI In Reach, Diversion, Transition Activity Report</p> | <p>This report is for TBI members related to:</p> <p>In Reach: Number and percentage of members who are referred for or request placement in an institutional setting or ACH who are then placed in an institutional setting or ACH. To be reported by diagnosis (e.g., TBI), and by setting (e.g., ICF-IID Not Operated by the State, State Developmental Center, state psychiatric hospital, PRTF, Residential Treatment Levels II/Program Type, III, and IV, ACH)</p> <p>Diversion: Number and percentage of members eligible for diversion activities who are engaged for diversion activities; number and percentage of members who remain in the community after engaging in diversion activities. To be reported by diagnosis (e.g., TBI), and by setting (e.g., ICF-IID Not Operated by the State, State Developmental Center, state psychiatric hospital, PRTF, Residential Treatment Levels II/Program Type, III, and IV, ACH)</p> <p>Transition: Number and Percentage of Members identified for transition who are discharged through the transition</p> | <p>Quarterly</p> |

| Section VI. Fourth Revised and Restated Attachment I. Table 1: PIHP Reporting Requirements | | |
|---|--|------------------|
| PIHP Report Name | PIHP Report Description | Frequency |
| | planning process; number of days following discharge that a member began receiving community services; and information related to both successful and unsuccessful transitions. To be reported by diagnosis (e.g., TBI), and by setting (e.g., ICF-IID Not Operated by the State, State Developmental Center, state psychiatric hospital, PRTF, Residential Treatment Levels II/Program Type, III, and IV, ACH) | |
| F. Providers | | |
| 1. Reserved. | | |
| 2. Network Adequacy Annual Submission Report | Annual report demonstrating the geographical location of providers in the Provider Network in relationship to where Members live. | Annually |
| 3. Timely Access Behavioral Health Provider Appointment Wait Times Report | Annual report demonstrating percentage of providers offering appointment wait times for behavioral health within specified timeframes by category. | Annually |
| 4. Timely Access Behavioral Health Provider Appointment Wait Times Narrative Report | Annual narrative report demonstrating percentage of providers offering appointment wait times for behavioral health within specified timeframes by category. Submit with Timely Access Behavioral Health Provider Appointment Wait Times Report. | Annually |
| 5. Provider Grievances and Appeals Report | Monthly report of all provider appeals and grievances and corresponding statistics, including number/type of appeals, appeal outcomes, and average time to resolution. 42 C.F.R. § 438.66(c)(3). | Monthly |
| 6. Reserved. | | |
| 7. Out-of-Network (OON) Services Request Reports | Monthly report on all requests for out-of-network services, including status of requests of each request, determination, and basis for determination. | Monthly |
| 8. Capitation Reconciliation Report | Monthly report to inform the State of any capitation-related payment discrepancies observed. PIHPs will include records of members where no payment was received from the State or payment received differed from the amount expected. PIHPs will only include member records with discrepancies on this report to the State. The PIHP Capitation Reconciliation Report will be submitted on a monthly cadence. PIHPs will indicate expected values and values observed on ASC x12 834 monthly file for Members. | Monthly |
| 9. Reserved | | |
| 10. Behavioral Health Services Providers Report | Data template to report contracted provider network for Behavioral Health Services. The frequency of this report is monthly until Go-Live and then quarterly thereafter. | Quarterly |

| Section VI. Fourth Revised and Restated Attachment I. Table 1: PIHP Reporting Requirements | | |
|---|--|------------------|
| PIHP Report Name | PIHP Report Description | Frequency |
| 11. Provider Contracting Determinations and Activities Report | Quarterly report providing the turn-around-time and statistics for provider contracting and service functions, including issuance to the provider of a Quality Determinations, Provider Welcome Packets, and other quality determination activities made during the reporting period, including break down of data by provider type and by specified turn-around time periods. | Quarterly |
| 12. Reserved. | | |
| G. Quality and Value | | |
| 1. Reserved | Reserved. | Reserved. |
| 2. PIP Progress Report | Quarterly PIP update on activities outlined in the PIP. | Quarterly |
| 3. Quality Measures Report | Annual PIHP performance on quality measures. | Annually |
| 4. Reserved. | | |
| 5. Annual Member Incentive Programs Report | Annual report of member outreach, utilization, and metrics for all Member Incentive Programs. | Annually |
| 6. Reserved. | | |
| H. Stakeholder Engagement | | |
| 1. Local and County Outreach Report | Monthly report of county-based activities, issues and actions taken by PIHP to collaborate with county organizations to address issues by county/Region. | Monthly |
| 2. Tribal Engagement Report | Annual report of quantity and type of services offered to members of federally recognized tribes, including number of members served. | Annually |
| 3. Member Marketing and Educational Activities Report | Quarterly summary of Member marketing and educational activities, including number/type of events hosted, event locations and number of Members reached. | Quarterly |
| I. Program Administration | | |
| 1. Reserved | | |
| 2. Reserved | | |
| 3. Website Functionality Report | Quarterly website utilization and statistics compared to SLAs, including scheduled/unscheduled downtime, website speed, number of hits, and electronic communication response rate. | Quarterly |
| 4. Training Evaluation Outcome Report | Monthly report on staff training including number of trainings conducted, outcomes, proposed changes/improvements to the training program (including cross-functional training). | Monthly |
| J. Compliance | | |

| Section VI. Fourth Revised and Restated Attachment I. Table 1: PIHP Reporting Requirements | | |
|---|--|------------------|
| PIHP Report Name | PIHP Report Description | Frequency |
| 1. Third Party Liability Report | Quarterly claim-level detail of third party or cost avoidance activities by the PIHP, including type of service, provider rendering services, and total amount paid and recovered/avoided. | Quarterly |
| 2. Fraud, Waste, and Abuse Report: Providers | Quarterly summary of potential fraud, and actual waste and abuse by Participating Providers, including date of alleged non-compliant activity, description of allegation/complaint, key findings, recoupments, and coordination with the Department and OIG. | Quarterly |
| 3. Fraud, Waste, and Abuse Report: Members | Quarterly summary of potential fraud, and actual waste and abuse by Members, including date of alleged non-compliant activity, description of allegation/complaint, key findings, recoupments, and coordination with the Department and OIG. | Quarterly |
| 4. Other Provider Complaints Report | Monthly report detailing a cumulative listing of provider complaints not included in other Fraud, Waste, and Abuse reports. Include date of complaint, description of allegation/complaint, how complaint identified, issues, and resolution. | Monthly |
| 5. Reserved. | | |
| 6. Overpayment Recoveries | Annual report of overpayment recoveries. | Annually |
| 7. Network Provider Terminations Report | Monthly report on network terminations, including NPI, provider name, location, date of termination or non-renewal, and reason for termination. | Monthly |
| 8. Cost Avoidance Report | The cost avoidance report is used by the plans to report cost avoidance savings due to other found insurance paying as the primary payer. | Weekly |
| K. Financial Requirements | | |
| 1. Financial Reporting Template | Financial Reporting Template is an excel template with 30+ pages. Portions of it are due annually while others are submitted monthly. It includes income statements, profitability disclosures, Medical Loss Ratio calculations and a few others. Audited Financial Statements submitted as part of this reporting packet must comply with 42 C.F.R. 438.3(m). | Monthly |
| 2. PIHP Risk Corridor Report | The corridor compares the capitation revenue to service costs and treatment planning costs, not sure what other costs and nuances are involved since the PIHP template is still in the planning/preliminary stage. The target treatment | Annually |

| Section VI. Fourth Revised and Restated Attachment I. Table 1: PIHP Reporting Requirements | | |
|---|---|------------------|
| PIHP Report Name | PIHP Report Description | Frequency |
| | ratios and associated thresholds determine whether or not the State pays or recoups from the entities. | |
| 3. Claims Monitoring Report* | <p>Weekly summary of BH claims that have been received, paid, pending, rejected, denied, accepted, and deemed clean by professional or, institutional. As well as the top 10 denial reasons by volume and dollar amount. Pending claims should reflect current inventory at the end of the reporting period, while received, paid, rejected, denied, accepted, and clean should reflect claims that were received, paid, rejected, denied, accepted, and deemed clean during the entire reporting period.</p> <p>Note: Ad-hoc upon request. Ad hoc report will be requested no less than ten (10) Calendar Days in advance or mutually agreed upon timeframe</p> <p>*For BH claims only</p> | Weekly |
| 4. Payer Initiated Claim Adjustment Report | Ad hoc report required in the event the State deems necessary or a provider escalates grievance related to PIHP claim adjustment processing. The PIHP must complete required information within the report for the Department to validate appropriate claim adjustment was complete. | Ad hoc |

| Section VI. Fourth Revised and Restated Attachment I. Table 2: PIHP Data Extracts | | |
|--|---|------------------|
| PIHP Report Name | PIHP Report Description | Frequency |
| A. Members | | |
| 1. PIHP Enrollment Extract | Weekly detail report, and underlying data, highlighting key Member enrollment activities, consistent with 42 C.F.R. § 438.66(c)(1) - (2) and including enrollment and disenrollment by managed care eligibility category, number of welcome packets and ID cards sent, and time to distribute welcome packets. | Weekly |
| 2. Clearinghouse Daily Uploads Extract: MEM012 | Daily extract of each Notice of Adverse Benefit Determination issued by the PIHP to a Member and each grievance received by PIHP from Members. | Daily |
| 3. Monthly Enrollment Reconciliation Extract | Monthly extract of each member with eligibility through the current month and the health plan they are assigned to. This report will be used for member data reconciliation purposes across systems. *Note* If the date the extract is being submitted is prior to July 1, 2022, the extract would include member eligibility as of July 1, 2022. | Monthly |

| B. Benefits and Care Management | | |
|---|---|---------|
| 1. Medical Prior Authorization Extract* | Weekly extract providing information on behavioral health prior approval requests by individual Member, service type, determination date, and approval status. *For BH prior authorization requests only | Weekly |
| 2. Care Management Reason Beneficiary Extract | Monthly extract containing financial, utilization, and outcome data at the provider and member level for all care management programs. | Monthly |
| C. Providers | | |
| 1. Reserved. | | |

| Section VI. Fourth Revised and Restated Attachment I. Table 3: PIHP Reporting Requirements for Healthy Opportunities Pilot (Required Only for PIHPs Participating in the Pilot) | | |
|--|--|--|
| PIHP Report Name | PIHP Report Description | Frequency |
| 1. Healthy Opportunities Pilot Key Metrics Report | Report of Healthy Opportunities Pilot key metrics, including at a minimum: Members served, services used, total service delivery costs, and Member cost and utilization metrics related to the Healthy Opportunities Pilot. | Quarterly |
| 2. Healthy Opportunities Pilot Capped Allocation Adjustment Report | Optional report that the PIHP may submit if the Department notifies the PIHP that it is at risk of an adjustment to its Healthy Opportunities Pilot capped allocation. The report must explain the PIHP's anticipated spending through the remainder of the Pilot service delivery year. | Optional, or at the discretion of the PIHP |
| 3. Healthy Opportunities Pilot Service Delivery Invoice Monitoring Report | Monthly report of PIHP Pilot service delivery spending. | Monthly |
| 4. Healthy Opportunities Pilot Administrative Payment Report | Quarterly report of PIHP Pilot administrative fund spending. | Quarterly |
| 5. Healthy Opportunities Pilot Care Management Payment Report | Monthly report of PIHP spending on care management payments. The Department will provide the PIHP with at least sixty (60) Calendar Days' notice before this report is due, which will be determined when the first AMH+(s)/CMA(s) begin participating in the Healthy Opportunities Pilot. | Monthly |

| Section VI. Fourth Revised and Restated Attachment I. Table 4: TCL Reporting Requirements | | |
|--|--|--|
| PIHP Report Name | PIHP Report Description | Frequency |
| 1. TCL Housing Entry and Exit Report | Report on TCL individuals who are entering or exiting the TCL program, including tracking of reasonable accommodations submitted, disposition on behalf of TCL members, reasons for separations | Monthly – due 15 th of the month, or the first Business Day following the 15 th if the 15 th falls on a weekend or holiday. |
| 2. TCL Annual Service Capacity Report | Capacity analysis for ACT, CST, TMS, Crisis Services and IPS. Includes identification of barriers and projects/steps implemented to remove barriers | Annually Fiscal Year 2025 |
| 3. TCL Housing Performance Plan Measures Reporting Template | Report tracking TCL Housing Performance Plan Measures. This report indicates measures for each PHIP per quarter based on their reported Tier 1, Tier 2 Expectations, results provided by the PIHP and the Department’s verified results. | Quarterly |
| 4. TCL IPS Population and Utilization Report | Report on IPS TCL population and utilization of the service, includes updates on IPS cohorts (as part of ACT and standalone IPS) | Monthly |
| 5. TCL IPS Strategic Plan Progress Report | Report on TCL Strategic Plan progress, includes data required as part of the Department approved IPS Strategic Plan (as part of ACT and standalone IPS) | Quarterly |

Section VI. First Revised and Restated Attachment X: Annual Housing Expectations

The TCL Settlement Agreement (SA) specified the number of individuals expected to transition into the community within five population categories. The Department devised an annual transition expectation method to fairly distribute the numbers required to meet substantial compliance. As of the fifth SA extension, six hundred (600) more individuals must transition into community-based permanent supportive housing through TCL by June 30, 2025. The PIHP's transition expectation apportioning method equally divides the first half of six hundred (600) expected transitions. The second half of the six hundred (600) transitions is apportioned based upon each PIHP's percentage of Medicaid covered lives and local need. Quarterly DHHS monitoring keeps pace with each PIHP to both ensure transition expectation progress, and early identification of transition barriers.

First Revised and Restated Section VI. Attachment X. Table 1: Annual Housing Expectations*

| PIHP | Percentage of the population to be transitioned to community based supportive housing by the PIHP during SFY 23/24 | Number of individuals to be transitioned to community based supportive housing by the PIHP based upon equal division of half of the number of individuals to be transitioned during SFY 23/24 | Number of individuals to be transitioned to community based supportive housing by the PIHP based upon the proportionate population to be served during SFY 23/24 | Total number of individuals to be transitioned to community based supportive housing by the PIHP during SFY 23/24 | Quarterly Number of Individuals to be transitioned to community based supportive housing by the PIHP during Quarters 3 and 4 of SFY 23/24 |
|--------------|---|--|---|--|--|
| Alliance | 34% | 50 | 102 | 152 | 38 |
| Partners | 15% | 50 | 45 | 95 | 24 |
| Trillium | 15% | 50 | 45 | 95 | 24 |
| Vaya | 18% | 50 | 54 | 104 | 26 |
| Total | 82% | 200 | 246 | 446 | 112 |

*Population based on pre and post BH I/DD Tailored Plan launch for four (4) LME-MCOs post consolidation.

First Revised and Restated Section VI. Attachment X. Table 2: Annual Housing Expectations SFY 24/25

| PIHP | Percentage of the population to be transitioned to community based supportive housing by the PIHP during SFY 24/25 | Number of individuals to be transitioned to community based supportive housing by the PIHP based upon equal division of half of the number of individuals to be transitioned during SFY 24/25 | Number of individuals to be transitioned to community based supportive housing by the PIHP based upon the proportionate population to be served during SFY 24/25 | Total number of Individuals to be transitioned to community based supportive housing by the PIHP during SFY 24/25 | Quarterly Number of Individuals to be transitioned to community based supportive housing by the PIHP during SFY 24/25 |
|--------------|---|--|---|--|--|
| Alliance | 26% | 75 | 78 | 153 | 38 |
| Partners | 20% | 75 | 45 | 120 | 30 |
| Trillium | 36% | 75 | 108 | 183 | 45 |
| Vaya | 18% | 75 | 33 | 108 | 27 |
| Total | 100% | 300 | 300* | 600* | 150* |

* 36 housing slots are reserved and will be allocated to PIHPs based upon local need