

Exhibit C

“Implementation Assurance Plan Matrix”

IAP Deliverables				
Objective	IAP TASKS	Due Date	Status	Class Counsel comments
A.1.a.	Final Draft of Services and Supports Crosswalk Completed	6/13/23	This has not been completed.	Mediation deadline for Department's draft descriptions is 7/16/2026.
A.6.	Combine all Defendant Agency contributions into one document.	6/13/23	This has not been completed.	Combining agencies other than DBH and Medicaid has not yet been addressed.
A.7.	The parties will resolve any remaining duplicative, conflicting, incomplete, inaccurate, and ambiguous material, and discrepancies identified in the Services and Supports Crosswalk	1/1/25	This has not been completed.	This step may be moot pending mediation outcome.
A.8.	IDHW will incorporate the substance of the designated Services and Supports Crosswalk into all YES service delivery agreements and contracts, including the new IBHP Contract.	7/1/24	This has not been completed.	Current practices are unlikely to fully comply with the final Services and Supports descriptions. If so, this step will need to follow.
A.2.c.	Defendant Agencies will establish and maintain intensity and duration standards based on national standards of care for core YES Services, with statewide and regional average minimums for hours per month and months per client	7/1/24	This has not been completed.	Department has not provided information on status or when this will be completed.
A. 4.	Workgroups reporting	This is a continuing obligation.	The Workgroups have not followed this guidance.	
A. 5.	Gaps Analysis for Services & Supports	1/1/25	Not completed.	Department has not provided information on status or when this will be completed.
A.8.	Crosswalk will be negotiated with the Idaho Behavioral Health Plan Contractor	7/1/24	Not completed.	As the Crosswalk has not been completed, this has not occurred.
B.1.	Implement Center of Excellence Plan	est. 2026	COE has been defunded.	
B.1.a.	Detail mission, authority, and relationships with YES Providers, YES Class members, and Stakeholders	7/1/24	COE has been defunded.	
B.1.b.	Identify funding resources and staffing requirements and needs	7/1/24	COE has been defunded.	
B.1.c.	Include timelines for the development and inauguration of the Center of Excellence and its activities.	7/1/24	COE has been defunded.	

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B.2.a.i.	Final Practice Manual Draft completed	Ninety (90) days following completion of Access Pathways Map	This has not been completed.	The Practice Manual is out of date and undergoing edits. Completing the Plan is challenging, however, in that the authoritative documents on which it is based are not completed. It is not likely that an updated version that does not incorporate these authoritative documents will fulfill this requirement and achieve compliance with the Agreement.
B.2.a.ii.	Complete Update of Practice Manual--Final Authoritative Doc	1/1/25	This has not been completed.	See above.
B.3.b.	Process and Procedures for TFC	7/1/24	Unclear on status.	Inasmuch as the IDHW has restarted the TFC program, these documents may exist. However, very few youths get TFC and IDHW does not fund TFC as a Medicaid service.
B.3.c.	Complete Residential Facilities Index	2/28/22	Unclear as to the status of this item as the Optum list is no longer relevant.	
B.3.d.	IDHW, through the IBHP Contractor is required to provide medically necessary access to the full array of intensive community based and psychiatric residential services to eligible YES Class Members.	Current and ongoing obligation	This obligation has not been met.	Thousands of Class Members cannot access the services and supports they need as indicated in the QMIA reports.
B.3.e.i.	Establish Service Capacity targets	7/1/24	This has not been completed.	Department has not provided information on status or when this will be completed.
B.3.e.ii.	Identify & report on systemic service gaps	7/1/25	This has not been completed.	Department has not provided information on status or when this will be completed.
C.1.a.	Access Pathways Map--Final Draft	12/31/2022—extended to 6/30/23	This has not been completed.	This issue is in mediation. Class counsel anticipates providing input on the Access Map prior to the deadline for the Department's completion of Services and Supports descriptions. The Department has 90 days thereafter to complete its draft of the Access Map. Estimated delivery deadline is Mid-October 2026.
C.3.	Access Pathways Map--Review and Approved by the parties	7/1/24	This has not been completed.	See above.

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C.4.	Access Pathways Map--Final Auth Doc	10/1/24	This has not been completed.	See above.
C.5.	Formal assessment for practice compliance with Access Pathways Map	1/1/25	This has not been completed.	This logically follows completion of the Access Map by an implementation period due to changes in practice, likely 6-12 months.
D.	Develop Workforce Development Plan	Deadline not stated	This has not been completed.	A draft report soliciting comments was shared recently, but no further information has been made available as to its expected completion process or deadline.
E.	Develop and memorialize Due Process Protocol	3/31/22	This deliverable is incomplete.	The Parties agree the Due Protocol needs to be updated but there has not been any action on this for months. In addition, Contested Case Rules have been adopted as a General Order by the Office of Administrative Appeals, but the Rules contradict and do not address youth/parent rights as required by the Due Process Protocol and federal Medicaid regulations. See below for reporting issues.
E.5.	Centralized Complaint Tracking & Reporting system in Place	1/1/25	This has not been completed.	The Complaint process is in use, although parents may not be aware of how to use it to resolve issues they are experiencing. The Rights and Resolutions Report has undergone substantial improvements in the reporting of specific complaints and the resolutions and timeliness for complaints. There is no information on outcomes of fair hearings. The notices of action and outcomes are not being collected.
E.5.d.	Establish an impartial informal process for youth and/or their families to expeditiously resolve concerns or complaints	Deadline not stated	Unclear about the status of this item.	It is not clear what constitutes an impartial informal process to expeditiously resolve concerns or complaints.
F.1.c.	IGT will Secure Staffing & Funding Resources from IDHW	7/1/22	This has not been completed.	Although IDHW has provided some staffing support, IDHW continually asserts it has inadequate resources to Staff IGT, IWG and workgroups, and complete deliverables.

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G.1.a	Update QMIA Plan and deliver to IWG	8/31/22	This has not been completed.	A QMIA plan update has been in the works for a long time. Completion of the update is not expected in the near term.
G.1.a	IDHW will publish a listing of the reports or tables to be routinely included in the QMIA editions on the YES website or in the QMIA amended plan.	8/31/22	This has not been completed.	The QMIA quarterly report includes a number of reports or tables, but the Department has not established or published a list to be routinely included.
G.1.e.-h.	Improve QMIA accountability, develop system performance recommendations, establish criteria for feedback loop, clarify QMIA membership, responsibilities and authority, etc.	8/31/22	This has not been completed.	Department has not provided information on status or when this will be completed.
G.1.b.	Parties will agree on "real time" definition for CANS; The CANS data system will be implemented as a real time platform.	3/31/22	A definition was established.	Implementation of real time access continues to be problematic. CANS reporting has worsened under Magellan's management of YES implementation.
G.1.c.	Develop data collection and reporting protocols for CFT	Deadline not stated	This has not been completed.	Department has not provided information on status or when this will be completed.
G.1.d	Determine which Def Agency that has QMIA data production & reporting responsibility	6/30/23	This has not been completed.	Department has not provided information on status or when this will be completed.
G.2.	IWG completes design and description of Compliance Task Force	8/31/22	IWG completed this deliverable.	
G.2.b.i.	Operationalize the Implementation compliance measures, including the Outcomes and Exit Criteria stated in the Settlement Agreement and the measures described in Objective B.3.	Depends on G.1.d and G.2.	This has not been completed.	The CTF met recently and meets again in June. Progress has been made on decision-making regarding operationalizing data measures for compliance monitoring.
G.3.	IDHW will develop and use enforceable data sharing agreement(s) among its contractors and every YES Provider necessary to accomplish the above QMIA data collection	est. 2026	Unclear about the status of this item.	Information from IDHW indicates its MCO contractor has not been providing required reports. The Department and Magellan report that improvements have happened, although the details have not been shared. The most recent QMIA report failed to present data on several key aspects of implementation.

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G.4.	IDHW will complete the development of the YES QR process jointly with Plaintiffs	6/30/22	This was completed initially. However, Defendants ended their original QR process more than a year ago. Efforts to develop an alternative process have stalled and QR reports have fallen well behind the annual requirement. The last report covered the period SFY 2023-24.	Discussions have been ongoing since September 2025. We have indications that an agreement may be possible, but have been unable to get clarification on the details.
G.5.	The QMIA System will complete development and implementation of a continuous quality improvement culture within the SoC during the Implementation period	est. 2026	This has not been completed.	There is no indication that this deliverable will be completed.
G.5.a.	Provide quality and performance information in as close to real time as possible	est. 2026	This is partially completed.	Timeliness of data reporting has slipped. Also, concerns are growing about the accuracy of information and its useability. For instance, QMIA does not report annual utilization data making system capacity assessment impractical. Trend data is also not reliably presented. There is almost no length of stay or service duration data.
G.5.b.	Incorporate Performance Improvement Projects (PIP) into YES Provider QA activities	est. 2026	This is partially completed.	New reporting on Performance Improvement Projects in the QMIA suggest that what is included are not formal PIPs, but more descriptions of ongoing work. Requests for PIP documentation have not produced a response to date.
G.5.c.	Develop conclusions emanating from the continuous quality project outcomes into recommendations to YES Defendant Agencies	est. 2026	This does not appear to be a practice employed by the Department.	Many recommendations have been proposed by various experts, reports, workgroups and others: very few appear to have been adopted or successfully implemented.
G.5.d.	Prepare a report on the results of YES Performance Improvement Projects and present the results to the IGT no less than bi-annually.	This is a current and ongoing obligation. No less than bi-annually.	This has not been completed.	See above at G.5.b.

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H.4.	Settlement & IAP are incorporated into the IBHP contract	7/1/24	This has been formally completed, however, the purpose for doing this does not seem to have been achieved.	The evidence for this is the many, many IAP deliverables and Settlement Agreement Commitments that have not been met.
H.5.	Each YES Authoritative Document will be incorporated into the IBHP Contract as an amendment, as if set forth in full, on the date the IDHW Director approves the document	7/1/24	This may have been formally completed, however, the inability to complete the authoritative documents has rendered it largely ceremonial.	