

SCHEDULE 1 OPERATING RESPONSIBILITIES

Set forth below is an overview of the Individual Placement and Support (“IPS”) program in its current form. Capitalized terms used but not defined in this Schedule 1 shall have the meaning set forth in Schedule 2 (Project Evaluation) or Appendix A to the Agreement. The following two sections entitled “Overview of Intervention Model” and “Components of the Intervention Model” are being provided for background and informational purposes only.

Overview of Intervention Model

Post-traumatic stress disorder (“PTSD”) is a potentially disabling mental health condition that is particularly pervasive among Veterans. As of 2015, more than 400,000 post-9/11 Veterans were seen for potential PTSD at Department of Veteran Affairs (“VA”) medical centers (“VAMCs”) following their return from overseas deployments.¹ Employment is a key indicator of successful reintegration for Veterans but the symptoms of PTSD can exacerbate the difficulties Veterans face when transitioning to civilian life and make obtaining secure, stable employment challenging. According to the VA, half of post-9/11 Veterans enter a period of unemployment upon transition home and the average duration of unemployment is increasing.²

The Tuscaloosa Research and Education Advancement Corporation (“TREAC”), a nonprofit corporation affiliated with the Tuscaloosa VAMC (“TVAMC” and collectively with TREAC, the “Implementation Coordinating Center”), will facilitate implementation of IPS, which is a supported employment intervention. IPS is an evidence-based approach to helping individuals with mental health diagnoses obtain competitive employment. IPS prioritizes rapid job search for employment opportunities that match a Veteran’s needs, talents and preferences along with integrated mental health care and ongoing support for as long as participants have a need.

IPS will be delivered by dedicated employment specialists (“IPS Specialists”) and dedicated IPS coordinators (“IPS Coordinators”) at VAMCs across the country.

Components of the Intervention Model

What follows is a general description of IPS, and how it is intended to be implemented pursuant to this Project. The actual implementation of IPS at any VAMC might vary in order to accommodate the particular structure of the VAMC.

¹ Department of Veterans Affairs. (2015). Report on VA Facility Specific Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn Veterans Coded with Potential or Provisional PTSD, from 1st Qtr FY 2002 through 2nd Qtr FY 2015. Retrieved from <http://www.publichealth.va.gov/docs/epidemiology/ptsd-report-fy2015-qtr2.pdf>.

² Department of Veteran Affairs. (2015). Veteran Economic Opportunity Report. Retrieved from <http://www.benefits.va.gov/benefits/docs/Veteraneconomicopportunityreport2015.pdf>.

IPS supported employment is a well-researched and well-defined approach to helping people with serious mental health diagnoses return to work. Recent studies also show efficacy of IPS in other populations, including Veterans with PTSD. This model is defined by the eight practice principles below and by the 25-item IPS Supported Employment Fidelity Scale described in Schedule 2 (Project Evaluation).

Practice Principles of IPS Supported Employment

- I. Focus on Competitive Employment: Agencies providing IPS services are committed to competitive employment as an attainable goal for people with serious mental illness seeking employment.
- II. Eligibility Based on Client Choice: People are not excluded on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.
- III. Integration of Rehabilitation and Mental Health Services: IPS programs are closely integrated with mental health treatment teams.
- IV. Attention to Client Preferences: Services are based on each person's preferences and choices, rather than providers' judgments.
- V. Personalized Benefits Counseling: Employment specialists help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements.
- VI. Rapid Job Search: IPS programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling.
- VII. Systematic Job Development: Employment specialists systematically visit employers, who are selected based on job seeker preferences, to learn about their business needs and hiring preferences.
- VIII. Time-Unlimited and Individualized Support: Job supports are individualized and continue for as long as each worker wants and needs the support.

Application of the IPS Model for the Veterans CARE Project

The Project anticipates delivering IPS to up to 480 Veterans at VAMCs in the greater Boston area, Central/Western Massachusetts and greater New York City area. Project Teams may be comprised of two IPS Specialists and an IPS Coordinator. Each IPS Specialist will serve two dynamic caseloads of up to thirty (30) Veterans over the course of the Project. IPS Specialists are not likely to have an active caseload of thirty (30) Program Participants (as defined below) at any

point during the Project, as there will inevitably be attrition for Program Participants that no longer require high intensity of IPS services, or otherwise disengage with IPS services after Enrollment (as defined below).

IPS Specialists will be responsible, in collaboration with clinical partners from the Referral Sources (as defined below), for the planning, development, organization, administration, and delivery of the IPS prevention. The focus is to promote optimal occupational functioning of Veterans with service-connected PTSD, with competitive, integrated employment, in the context of a well-integrated employment and clinical treatment plan. The IPS Specialists also collect and organize data on Veterans served, as required.

IPS Coordinators will manage recruitment and data collection and assist IPS Specialists by carrying out administrative duties such as screening referrals, collecting outcomes data and source documentation, maintaining any regulatory requirements of the Project, and assisting with tracking Program Participants in follow-up, particularly in the follow-up of individual Program Participants who have disengaged from IPS services.

TREAC will facilitate the delivery of IPS services and shall enter into MOUs with each of the nonprofit corporations (“NPCs”) affiliated with related Project Teams. Included in TREAC’s responsibilities is recruitment of project staff for the TVAMC, including an IPS Fidelity Monitor and a Data Manager (each as defined in Schedule 2 (Project Evaluation)) who will be responsible for coordination and guidance across the sites, fidelity monitoring and data management. Personnel hired by TREAC for this Project will have oversight from the Study Chair at TVAMC.

Veterans will be referred to IPS by: (1) VA PTSD treatment teams, (2) mental health clinics, (3) primary care clinics, (4) community sources (5) vocational rehabilitation programs, (6) VA residential/domiciliary programs, or (7) self-referrals (collectively, the “Referral Sources”), based on the eligibility criteria outlined in Sections 1 and 2 below (“PFS Eligible”). Approved advertisements and flyers are also used as part of the recruitment strategy.

A Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) waiver for purposes of recruitment and pre-screening will be requested from the local VAMC Institutional Review Board (“IRB”), so that IRB-approved letters or flyers can be posted or mailed directly to Veterans with record of service-connected PTSD. Under this HIPAA waiver, the Project Teams may obtain personal identifying information, such as a list of names, social security numbers, and addresses of Veterans who have had contact with the local VAMC within the past five years and have a record of service-connected PTSD. IPS Coordinators will use this list to mail an IRB-approved letter or flyer to Veterans who live within a reasonable distance from the local VAMC that makes participation feasible, and to look in the VA medical record to pre-screen Veterans for the Project (i.e. review the VA electronic medical record to determine if there are any obvious exclusionary criteria) prior to the Veteran signing informed consent.

1. **Eligibility Criteria**

Veterans that meet the following criteria (“Eligibility Criteria”) will be identified as PFS Eligible.

Inclusionary criteria (at time of referral):

- (a) U.S. military Veteran
- (b) Has service-connected disability for PTSD
- (c) Age < 62 years
- (d) Not currently employed in Competitive Employment or is under-employed (defined as: working less than 20 hours per week in a job that is low wage and is not in keeping with the Veteran’s ability, aptitude, or skills)
- (e) Express desire to pursue Competitive Employment: employment that is not sheltered or set aside only for those with disabilities, and is paid a wage, salary or commission (the following do not count as competitive employment: babysitting, military drill, and transient day labor)
- (f) Independent decision-making capacity to provide informed consent (i.e. surrogate consent is not allowed)

Exclusionary criteria (at time of referral):

- (a) Disability classification of Total Disability based on Individual Unemployability (TDIU), as classified by the VA
- (b) Pending active legal charges with expected incarceration
- (c) Severe psychotic disorders including bipolar I disorder, schizoaffective and schizophrenia, as well as diagnosis of dementia or severe cognitive disorder
- (d) Current suicidal or homicidal intent
- (e) Substance use requiring immediate inpatient treatment interventions for the health and safety of the Veteran
- (f) Current participation in another interventional research study that focuses on vocational rehabilitation, supported employment, or improving occupational functioning
- (g) Other criteria that makes it unlikely that participant can complete the program, including but not limited to expected deployment, expected incarceration, expected long-term hospitalization, and/or expected relocation from the vicinity of the participating VA during the Service Delivery Period (as defined below).

Changes to these Eligibility Criteria may be made at the request of the Study Chair and local site investigator as an amendment to the IRB protocol and requires approval from the local IRB and the Management Committee prior to implementing a change in Eligibility Criteria. The IRB-approved Eligibility Criteria will serve as the official record and can be implemented without change to this Schedule.

2. **Identification of PFS Eligible Program Participants and Introduction to IPS Services**

- (a) The Project Teams will be responsible for identifying whether a Veteran is PFS Eligible during the Enrollment Period:
 - (i) Project Teams will obtain an address list of Veterans with diagnostic code who have service-connected PTSD from the VA corporate data warehouse.
 - (ii) Project Teams will conduct outreach by drafting an IRB-approved letter or flyer announcing the program for delivery to possible participants who reside within a reasonable distance of the relevant VAMC.
 - (iii) Project Teams will aggregate list of potential PFS Eligible Veterans from new Referral Sources.
- (b) For PFS Eligible Veterans, the Project Team will introduce the IPS services by doing the following:
 - (i) Confirm eligibility by checking the Computerized Patient Record System (“CPRS”) medical record and verifying service-connected PTSD status.
 - (ii) Collect informed consent.
 - (A) Prior to any study procedures being performed, IRB approved informed consent will be obtained by a member of the Project Team with IRB approved designation to obtain informed consent and training in informed consent procedures. Prior to entering the Project, the PFS Eligible Veteran will be provided with detailed information regarding the Project’s sponsor, purpose, procedures, potential risks and benefits, alternative treatment, compensation and other required elements. This will be done and documented on a signed and dated informed consent form. A Veteran’s willingness to take part in the Project will be documented in his or her VA medical records. PFS Eligible Veterans will be given ample time to consider the informed consent and may choose to involve family members and others in their decision. PFS Eligible Veterans are informed that refusal to participate in the Project will not penalize them or change their eligibility for VA services, treatment, or disability payments. If a Veteran agrees to participate, his/her consent will be recorded on the VA Form 10-1086. Informed consent requires that the participant understand the details of the Project, including its risks and benefits, and agrees to the IPS intervention and follow-up, without coercion to participation. The signed and dated consent form will be distributed to: Project file (original) and the PFS

Eligible Veteran. Persons with impaired decision-making capacity are excluded, so that surrogate consent will not be required. It is not anticipated that a PFS Eligible Veteran will be unable to speak, read, or understand English, so translation will not be required.

- (iii) Process or confirm the local electronic vocational rehabilitation consult in the participant's electronic medical record (provides legal protections for persons with disability to return to competitive work without jeopardizing service-connected disability status while participating in IPS).
- (c) Veterans who are determined not to be PFS Eligible will be excluded from the Project and will be referred to other services.

3. **Enrollment of Program Participants**

- (a) PFS Eligible Veterans who sign informed consents and attend the first two meetings with the IPS Specialist will be considered enrolled ("Enrolled" or "Enrollment") in the Project, and will be considered a "Program Participant".
- (b) Upon Enrollment, Program Participants will:
 - (i) Complete the IPS eligibility form
 - (ii) Complete Baseline Demographic and Clinical Characteristics Data
 - (iii) Complete Baseline PTSD Checklist (PCL-5)
 - (iv) Agree to provide Employment Data, including, but not limited to verification of Days Worked and Earnings for 18 months of Service Delivery Period and Follow-Up Period.
 - (y) PFS Eligible Veterans who signed informed consent but do not appear for their first two meetings with the IPS Specialists will not be considered Enrolled in the Project.
 - (z) Enrollment will be rolling between May 31, 2018 and June 30, 2020 of the Project (the "Enrollment Period"). The Enrollment Period may be extended with approval by the Payor Steering Committee.

4. **Service Delivery Period; Ramp-Up Period; Measurement Period; Follow-Up Period**

The service delivery period referenced below ("Service Delivery Period") will include a ramp-up period ("Ramp-Up Period") for hiring and training of personnel, a rolling 12-month measurement period ("Measurement Period") for all Program Participants, and an additional follow-up period ("Follow-Up Period") of no more than six months for all

Program Participants. The Service Delivery Period will also include a ramp down period (“Ramp-Down Period”) for Project close-out.

- (a) The Service Delivery Period will begin on May 31, 2018 and end on July 31, 2021 for all Program Participants, provided, that, the Service Delivery Period for Program Participants receiving services from the NYC Harbor Project Team may end prior to July 31, 2021.
- (b) The Ramp-Up Period will begin on May 31, 2018 and end on June 30, 2018.
- (c) The Measurement Period for a Program Participant Enrolled up to and including June 30, 2020 will begin on the date that a Program Participant is Enrolled in the Project and end 12 months from such date. The Payor Steering Committee may propose an alternative Measurement Period for any Program Participant Enrolled after June 30, 2020, subject to approval by Veterans CARE Managing Member.
- (d) [Reserved]
- (e) The Follow-Up Period for each Program Participant Enrolled up to and including January 2, 2020 will begin after the last day of the applicable 12-month Measurement Period and end 6 months thereafter. The Follow-Up Period for each Program Participant Enrolled on January 3, 2020 through and including June 30, 2020 will begin after the last day of the applicable 12-month Measurement Period and end on June 30, 2021, provided, that, the Follow-Up Period for each Program Participant receiving services from the NYC Harbor Project Team may end prior to July 31, 2021. The Payor Steering Committee may propose an alternative Follow-Up Period for any Program Participant Enrolled after June 30, 2020, subject to approval by Veterans CARE Managing Member,
- (f) [Reserved]
- (g) The Ramp-Down Period will begin on July 1, 2021 and end on July 31, 2021.

5. Cohorts

Program Participants will be divided into two cohorts (“Cohorts”) for the purposes of measuring Earnings and Days Worked, and the Earnings Outcome and Days Worked Outcome.

- (a) Cohort 1 is defined as all Program Participants Enrolled from May 31, 2018 to and including December 31, 2018.
- (b) Cohort 2 is defined as all Program Participants Enrolled from January 1, 2019 to and including June 30, 2020.

6. Caseloads

- (a) Each IPS Specialist is expected to serve a dynamic caseload of up to 30 Program Participants, and to serve at least two caseloads over the Service Delivery Period.
- (b) [Reserved].
- (c) Each caseload may include some Program Participants that are receiving intense case management and others that are receiving lower intensity case management (“step-down” status), as described below.

7. Discharge

It is possible that there will be Program Participants who, after Enrollment, decide to disengage from IPS. This can happen for a number of reasons, including, most commonly, a preference to pursue their own job development without the assistance and the intensity of IPS or other personal circumstances and/or interfering factors. These Program Participants will be discharged from the Project only after several attempts by the IPS Specialist to explore the reasons for disengagement, address possible remedies to allay the concerns and a 45 day “re-consideration period” for the Program Participant and team to re-assess the challenges and possible interfering factors. This process will also allow for re-admission should the discharged Program Participant decide to re-engage in the future. Program Participants who are discharged from the Project prior to completing Enrollment, and who do not re-engage in the Project will not be included in the calculation of Outcomes. Program Participants who are discharged from the Project after Enrollment will be included in the Outcome calculations as outlined in Schedule 3 (Calculation of Outcome Payments).

Every quarter the IPS Specialist will conduct a caseload analysis with guidance from the IPS Fidelity Monitor to determine the need for either continued IPS intensive supports or an alternative “step down” support through the clinical team or alternative community vocational support networks. It is during this ongoing analysis of the caseload and individual needs, preferences and circumstances associated with each of the Program Participants, that discharge determinations are made by the IPS Fidelity Monitor and IPS Specialists.

Program Participants will be discharged after extended periods of follow along support after employment is secured, if the caseload analysis described above (including the consensus of the Veteran and clinical team) determines the Program Participant can sustain her/his job/career through natural supports or a “step down” support plan using family, co-worker supports or other naturally occurring community supports to sustain employment.

Because IPS is such a highly individualized approach to employment and recovery, discharge planning is also individualized, and takes into consideration the many variables and unique circumstances that might interfere with active engagement and employment success given the challenges presented by the symptoms of PTSD.

8. Monitoring of Adverse Events and Serious Adverse Events

Project Teams are responsible for monitoring Adverse Events and Serious Adverse Events, as defined by the Veterans Health Administration Handbook, 1200.05. The Study Chair at the Implementation Coordinating Center will be responsible for elevating any reports of Adverse Events or Serious Adverse Events that can be attributed to: 1) the IPS intervention; 2) PTSD; or 3) occupation (work-related) to the attention of the Management Committee, as described in Schedule 4 (Governance and Reporting). Upon review of this data and consultation with clinical teams at VAMCs, the Management Committee may propose to pause or suspend services for safety reasons.

9. Ongoing data collection

The Implementation Coordinating Center is responsible for furnishing the following:

Report Name	Frequency	Distribution
Baseline Demographic and Clinical Characteristics Data	Quarterly, on or before the fifth Business Day after quarter end.	Management Committee
Site Fidelity Reports	Semi-annually, within 15 business days of each fidelity review	Management Committee
Enrollment and Retention Data	Monthly, beginning July 8, 2018	Management Committee
Master Data File	July 7, 2020, October 7, 2020, January 7, 2021, April 7, 2021, and July 7, 2021	Evaluator
Adverse Events or Serious Adverse Events	Ad-hoc or upon request by the Management Committee	Management Committee

10. Project Budget

Exhibit A describes the expected Project Budget (“Project Budget”) for each Project Team from July 1, 2020 through June 30, 2021. Any particular line item in the Project Budget may be increased by Veterans CARE Managing Member by up to 5.0% in the aggregate so long as there is a corresponding decrease in one or more of the other line items. Any changes above 5.0%, including new line items, must be approved by the relevant Payors on the Payor Steering Committee.

Within 30 days of execution of this Agreement, Managing Member will submit to the Payor Steering Committee a final Project Budget for each Project Team that incorporates any July 31 Offset Amounts (as defined in Schedule 3). Approval of the final Project Budget for a Project Team will be required by the relevant Payors on the Payor Steering Committee by October 26, 2020. Such approved final Project Budgets will replace the expected Project Budget in Exhibit A and will be the basis for calculating Outcome Payments as described in Schedule 3 (Calculation of Outcome Payments).

Exhibit A
Project Budget July 2020 – June 2021

CWMA Project Budget		
Site Budget		\$217,273
<i>Salaries and Fringe</i>	\$185,521	
<i>Other Costs</i>	\$12,000	
<i>Indirect Costs</i>	\$19,752	
Add. Project Costs		\$197,960
<i>TREAC Costs</i>	\$67,200	
<i>Transaction + PM Costs</i>	\$130,761	
Total CWMA Project Budget		\$415,233

Brockton Project Budget		
Site Budget		\$206,337
<i>Salaries and Fringe</i>	\$183,824	
<i>Other Costs</i>	\$3,755	
<i>Indirect Costs</i>	\$18,758	
Add. Project Costs		\$197,960
<i>TREAC Costs</i>	\$67,200	
<i>Transaction + PM Costs</i>	\$130,761	
Total Brockton Project Budget		\$404,297

JP Project Budget		
Site Budget		\$140,855
<i>Salaries and Fringe</i>	\$125,700	
<i>Other Costs</i>	\$2,350	
<i>Indirect Costs</i>	\$12,805	
Add. Project Costs		\$197,960
<i>TREAC Costs</i>	\$67,200	
<i>Transaction + PM Costs</i>	\$130,761	
Total JP Project Budget		\$338,815