

Targeted Investments 2.0 Program Justice Commitment Letter

Instructions:

Collaborate with justice partner(s) to complete this application **for each clinic, separately**, applying to participate in the Targeted Investments 2.0 Justice Program (TIP 2.0). Applicants may include up to five letters of support **per organization**. Submit all documents through the AHCCCS Online Application Portal. If the clinic will not be enrolled with AHCCCS prior to 9/30/2023, email the documents to TargetedInvestments@azahcccs.gov. Applications must be received by 5pm 9/30/2023.

Clinic Information	
AHCCCS Provider ID	
Clinic National Provider Identifier (NPI)	
Tax ID Number	
Service Address	
Facility Name	
Anticipated Date of AHCCCS Enrollment ("Active" if applicable)	

Clinic Contact Information			
Name	Position Title	Phone Number	Email Address

Justice Partner Contact Information			
Name	Agency (Position Title)	Phone Number	Email Address

PRIMARY CARE SERVICES					
Indicate how individuals are connected to each service from this location. Enter additional services in the blank cells. Circle the services that will be provided in the future contingent upon TIP 2.0 approval. O: Service Delivered On-Site F: Formal Coordination with External Partner (signed agreement, such as a contract or MOU) I: Informal Coordination with External Partner					
Sick Visits		X-rays		Chronic medical condition care	
Health Exams		Scans		Cardiology	
Sexual Health		Laboratory		Immunizations	
Pharmacy Services		Ultrasounds			
Physical Therapy		Pregnancy and Fetal Development			
Briefly describe how the clinic identifies the individual’s primary care needs , coordinates services internally and/or externally to address them, and prioritizes (or plans to prioritize, and by when) primary care appointments for individuals referred by justice partner(s). Character limit: 1,500					

BEHAVIORAL HEALTH SERVICES

Indicate how individuals are connected to each service from this location. Enter additional services in the blank cells. Circle the services that will be provided in the future contingent upon TIP 2.0 approval.

O: Service Delivered On-Site

F: Formal Coordination with External Partner (signed agreement, such as a contract or MOU)

I: Informal Coordination with External Partner

Psychiatry Services and Medication Management		Individual and Group Counseling		Intensive Outpatient Program	
Addiction Treatment		Court-Ordered Services		Telehealth Services	
Crisis Services		Case Management		Mobile Unit Services	
Peer Support		Residential Treatment		Behavior Management	
Counseling Services		Life Skills		Psychiatric Evaluations	
Medical Assisted Treatment					

Briefly describe how the clinic identifies the individual's **behavioral health needs**, coordinates services internally and/or externally to address them, and prioritizes (or plans to prioritize, and by when) behavioral health appointments for individuals referred by justice partner(s). Character limit: 1,500

COMMUNITY SERVICES

Indicate how individuals are connected to each service from this location. Enter additional services in the blank cells. Circle the services that will be provided in the future contingent upon TIP 2.0 approval.

O: Service Delivered On-Site

F: Formal Coordination with External Partner (signed agreement, such as a contract or MOU)

I: Informal Coordination with External Partner

Housing		Transportation		Utility Assistance	
Food		Interpersonal Safety		Employment Instability	
Justice/Legal Involvement		Social Isolation/ Peer Support			

Briefly describe how the clinic identifies the individual's **health-related social needs**, coordinates services internally and/or externally to address them, and prioritizes (or plans to prioritize, and by when) services for individuals referred by justice partner(s). Character limit: 1,500

Mission/Goal Statement

Briefly describe the target population and general goals that the clinic hopes to achieve if approved for TIP 2.0. This must include the level of justice involvement (e.g., probation, parole, pre-trial, etc.), the area served (e.g., Mohave County, Gilbert/Mesa, etc.), and any additional criteria (e.g., individuals living with SUD, females, ages 21-60, etc.). Character limit: 600

Comprehensive Implementation Plan

Describe the clinic's four-year implementation plan contingent upon TIP 2.0 Justice approval. The plan must include timelines and details for collaborating with justice partner(s) and coordinating services internally and/or externally that best meet the needs of the target population (see [Application Summary](#) for example services in addition to the above). There is no character limit; please upload additional pages for this section as needed.

Application Agreement
<p>By signing this agreement, the clinic and primary justice partner (i.e. county probation or state parole) confirm their commitment to implementing activities as described in this document for the duration of the Targeted Investments 2.0 program, contingent upon acceptance into the Targeted Investments 2.0 Justice program and absent any extraordinary or unforeseen circumstances as determined by AHCCCS. Failure to meet these expectations, as determined by AHCCCS and the clinic's primary justice partner, will result in immediate dismissal from the program.</p> <p>The applicant understands and acknowledges that in order to receive a Targeted Investments payment, providers must be in good standing with AHCCCS. If a provider is not in good standing with AHCCCS, no payment will be made to the provider, even if the provider previously completed an attestation. If a provider is not in good standing with AHCCCS and a payment is made, AHCCCS is required to recoup the payment.</p>

Clinic Senior Executive
Signature:
Title:
Date:

Clinic Site Administrator
Signature:
Title:
Date:

Justice Partner
Signature:
Title:
Date:

Justice Partner (Optional)
Signature:
Title:
Date: