Core Component #15 for Justice Area of Concentration

Develop protocols to incorporate information from the “reach-in” activities, comprehensive Mental Health Court Contract, and the community supervision case plan into the integrated care plan.
Key Concepts

• **For Wave 1:** For Justice Involved populations that are in the High Risk Registry, the practice care managers must include the following in the integrated care plan:
  - A. The critical elements from the care plan developed as a result of the “reach-in” activities conducted by the MCO
  - B. The mandated health services from the Comprehensive Mental Health Court Contract and
  - C. Health care services recommended as part of the probation/parole-specific community supervision plan.

• The practice care manager must also collaborate with the parole/probation officer to align as much as possible, follow-up appointments with the probation/parole office visits.
15. For the Justice involved population who are listed in the high-risk registry, practice care managers must include in the integrated care plan: a) the critical elements from the care plan developed as a result of “reach-in” activities conducted by the MCOs; b) mandated health care services from the Comprehensive Mental Health Court Contract; and c) health care services recommended as part of the probation/parole-specific community supervision plan.

The practice care manager must also collaborate with parole/probation officer to align, to the extent possible, follow-up appointments with probation/parole office visits.

<table>
<thead>
<tr>
<th>Milestone Measurement Period 1</th>
<th>Milestone Measurement Period 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>(October 1, 2017–September 30, 2018**)</td>
<td>(October 1, 2018–September 30, 2019**)</td>
</tr>
</tbody>
</table>

**Practice Reporting Requirement to State**

**Wave 1:** By September 30, 2018, document that the practice has developed protocols to incorporate information into the care plan, as a result of “reach-in” activities, the Comprehensive Mental Health Court Contract and the community supervision case plan into the integrated care plan.

**Wave 2 (March 31, 2019):** Document that the practice has developed protocols to incorporate information into the care plan as a result of “reach-in” activities, the Comprehensive Mental Health Court Contract and the community supervision case plan into the integrated care plan.

**Waves 1 and 2 (September 30, 2019):** Based on a practice record review of a random sample of 20 members whom the practice has identified as receiving behavioral health services and were justice-involved during the past 12 months, attest that the care manager has incorporated the reach-in care plan, the Comprehensive Mental Health Court Contract and the community supervision case plan into the integrated care plan, at least 85% of the time.
TI Year 2 Measurement Period  
October 1, 2017 – September 30, 2018

Practice requirement to the state

By September 30, 2018:

Wave 1: Document that the practice has developed protocols to incorporate information into the care plan, as a result of “reach-in” activities, the Comprehensive Mental Health Court Contract, and the Community Supervision Case Plan into the integrated care plan.
Attestation and Document Validation

- AHCCCS will be opening a TI Attestation Portal through AHCCCS (https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f)
- The portal will be available for milestone attestation and document upload in June 2018
- Not all of the Milestones will require providers to upload documentation through the Attestation Portal for review by AHCCCS.
- In order to attest to meeting this Core Component, participants will need to document that the practice has developed protocols to incorporate information into the care plan
- More detailed information and guidance about how to use the TI Attestation Portal will be available prior to June 2018.
Sneak Peek of Targeted Investments Year 3
**Sneak Peek: TI Year 3 Measurement Period**  
*October 1, 2018 – September 30, 2019*

For the Justice involved population who are listed in the high-risk registry, practice care managers must include in the integrated care plan: a) the critical elements from the care plan developed as a result of “reach-in” activities conducted by the MCOs; b) mandated health care services from the Comprehensive Mental Health Court Contract; and c) health care services recommended as part of the probation/parole-specific community supervision plan.

The practice care manager must also collaborate with parole/probation officer to align, to the extent possible, follow-up appointments with probation/parole office visits.

<table>
<thead>
<tr>
<th>Milestone Measurement Period 1</th>
<th>Milestone Measurement Period 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>(October 1, 2017–September 30, 2018**)</td>
<td>(October 1, 2018–September 30, 2019**)</td>
</tr>
</tbody>
</table>

**Practice Reporting Requirement to State**

**Wave 1:** By September 30, 2018, document that the practice has developed protocols to incorporate information into the care plan, as a result of “reach-in” activities, the Comprehensive Mental Health Court Contract and the community supervision case plan into the integrated care plan.

**Wave 2 (March 31, 2019):** Document that the practice has developed protocols to incorporate information into the care plan as a result of “reach-in” activities, the Comprehensive Mental Health Court Contract and the community supervision case plan into the integrated care plan.

**Waves 1 and 2 (September 30, 2019):** Based on a practice record review of a random sample of 20 members whom the practice has identified as receiving behavioral health services and were justice-involved during the past 12 months, attest that the care manager has incorporated the reach-in care plan, the Comprehensive Mental Health Court Contract and the community supervision case plan into the integrated care plan, at least 85% of the time.
Sneak Peek: TI Year 3 Measurement Period
October 1, 2018 – September 30, 2019

Practice Reporting Requirement to the State:

**Wave 2: By March 31, 2019** Document that the practice has developed protocols to incorporate information into the care plan as a result of “reach-in” activities, the Comprehensive Mental Health Court contract and the community supervision case plan into the integrated care plan.

AND

**Waves 1 and 2 (September 30, 2019)**

Based on a practice record review of a random sample of 20 members whom the practice has identified as receiving behavioral health services and were justice-involved during the past 12 months:

Attest that the care manager has incorporated:

- The reach-in care plan
- The Comprehensive Mental Health Court Contract and
- The Community Supervision Case Plan into the integrated care plan at least 85% of the time.
Questions?

Please contact us at targetedinvestments@azahcccs.gov if you have any questions
Thank You.