



Targeted
Investments

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.

Review of Core Component #15

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.

Milestone Measurement Period 1
(October 1, 2017–September 30, 2018**)



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.

Milestone Measurement Period 2
(October 1, 2018–September 30, 2019**)



Practice Reporting Requirement to State

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

15.	<p>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.</p> <p>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.</p>	
<p>Milestone Measurement Period 1 (October 1, 2017–September 30, 2018**)</p> <p>◄───►</p> <p>Practice Reporting Requirement to State</p>	<p>Milestone Measurement Period 2 (October 1, 2018–September 30, 2019**)</p> <p>◄───►</p> <p>Practice Reporting Requirement to State</p>	
<p>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.</p>	<p>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.</p> <p>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</p>	

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.

