Targeted Investments (TI) Program
Exploratory Discussion with IHS & 638 Leaders

June 1, 2021
Targeted Investments (TI) 1.0 Program

• $300 million authorized by CMS in January 2017 as a part of 1115 waiver renewal
• Five year project providing resources to providers to support integration of behavioral and physical health care at the point of service
• Incentive payments based on meeting milestones that support integration and whole person care
TI 1.0 Program Provider Participation

• Providers eligible to participate include:
  o Adult and pediatric primary care practices
  o Adult and pediatric behavioral health organizations
  o Acute and psychiatric hospitals
  o Justice co-located clinics

• Approximately 500 sites participating across state
TI 1.0 Program Participant Requirements
Second & Third Years

Program participants establish protocols and systems of care that support person centered integrated care such as:

- Primary care screening for behavioral health
- Behavioral health providers identify physical health concerns
- Use of trauma-informed care protocols
- Protocols to send and receive core Electronic Health Record (EHR) data with the state's Health Information Exchange
- Screening for social determinants of health (SDOH)
TI 1.0 Program Participant Requirements
Fourth & Fifth Years

Providers’ incentive payments based on select Healthcare Effectiveness Data and Information Set (HEDIS) measures such as:

- Well-child visits in the third, fourth, fifth, and sixth years of life for children with a behavioral health diagnosis
- Follow-up after hospitalization for mental illness
- Access to preventive/ambulatory health services
TI Participant Incentives

- The Targeted Investments Program is not a grant
- Program participants attest to completion of milestone requirements and submit supporting documents
- Incentive payments are made retrospectively based on the participant’s meeting milestones for their provider group
- Payment amounts are tied to AHCCCS members’ utilization of the participant organization
- Performance measure milestones in Years 4 & 5
Targeted Investments-AIMH

TI requirements compared to American Indian Medical Home requirements

- The AIMH is approved under a SPA and is not time limited
- TI is a five year program under the 1115 waiver
- Both programs support improved care coordination
- TI focus on physical and behavioral health integration

Does TI participation support AIMH participation?
TI 2.0 Program

- AHCCCS seeks waiver authority to extend the TI Program from 2021 through 2026, known as the TI Program 2.0
- This extension request was submitted to CMS in December 2020 with Arizona’s Waiver renewal packet
- AHCCCS developed a concept paper to supplement the waiver renewal request to provide further details on the structure and requirements of the TI Program 2.0
TI 2.0 Program Goals

- Sustain the integration efforts of current TI participants
- Expand integration opportunities to new providers
- Improve the program requirements to provide whole person care
- Align and support the AHCCCS 2021 Strategic Plan
TI 2.0 Program Structure

TI Program 2.0 will include two distinct cohorts:

- **Extension cohort** will include TI Program providers that completed participation in the current TI Program
- **Expansion cohort** will include primary care practices and behavioral health providers, integrated clinics with no prior TI participation
Expansion Cohort

- Program structure for this cohort will be modeled on the current TI Program including milestones such as:
  - Establishment of high risk registries
  - Implementation of behavioral health screening
  - Active HIE utilization
- Updated milestones such as adverse childhood event screening and intervention, telehealth, data sharing, and cultural competency requirements will be incorporated into the program.
Expansion Cohort Strategies

• Improve health outcomes for high risk AHCCCS members with physical and behavioral health needs
• Expand AHCCCS members’ accessibility to more fully integrated, whole person care
• Establish integrated point of care systems that improve care coordination and drive better health and financial outcomes for high risk AHCCCS members
• Support strategies for effective and efficient use of health information technology
## TI 2.0 Annual Requirements

<table>
<thead>
<tr>
<th>Program Year</th>
<th>Extension Participants</th>
<th>Expansion Participants</th>
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<tbody>
<tr>
<td>Year 1</td>
<td>Re-establish TI 1.0 Systems and Processes. Establish New Systems and Processes that support Whole Person Care</td>
<td>Application and Onboarding</td>
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<tr>
<td>Year 2</td>
<td>Establish New Systems and Processes</td>
<td>Establishment of Systems &amp; Processes similar to TI 1.0</td>
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<tr>
<td>Year 3</td>
<td>Implementation and Evaluation of Systems and Processes</td>
<td>Implementation and Evaluation of Systems &amp; Processes similar to TI 1.0</td>
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<td>Year 4</td>
<td>Performance/Outcome Measures</td>
<td>Performance/Outcome Measures</td>
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<tr>
<td>Year 5</td>
<td>Performance/Outcome Measures</td>
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TI 2.0 Participants and Stakeholders

• Similar to the original program, participation will be limited to specific provider types:
  o Primary Care
  o Behavioral Health
  o Integrated Clinics
  o Co-located Justice Clinics
  o IHS and Tribal 638 Facilities (Outpatient)*
  o Community Based Organizations (CBOs)*
  o Peer Run Organizations*

*AHCCCS is exploring options for including this participant category.
IHS and Tribal 638 Facilities

- The American Indian Medical Home (AIMH)- est. 2017- SPA
- Shared goal of integrating health
- Continue to pursue AIMH status?
- Evolution of the AIMH?
- Promote participation in TI 2.0 (expansion cohort)
TI 2.0 Program Funding

• AHCCCS proposes that the maximum total funding for the program not exceed $250 million over five years including state and federal match contributions

• AHCCCS anticipates funding TI 2.0 through a combination of state and federal sources

• Funding will direct incentive payments to participating providers to meet program milestones and goals
Questions?