**Provider Type:** Behavioral Health Providers  
**Area of Concentration:** Adults with Behavioral Health Needs

**Project:** Ambulatory

**Area of Concentration:** Adults with Behavioral Health Needs

**Provider Type:** Adult Behavioral Health Provider

**Objective:** To integrate primary care and behavioral health services for the purposes of better coordination of the preventive and chronic illness care for adults with behavioral health needs.

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**Milestone #1**  
**(October 1, 2021 – September 30, 2022)**

*15%*

By September 30, 2022, attest that:

A. The participating organization has registered both an administrative representative and licensed clinical representative to participate in the TI Program Quality Improvement Collaborative (QIC). Organizations with only one site participating in the TI Program may elect to have one representative if that person has both clinical and administrative Program responsibilities.

B. The organization’s administrative and clinical QIC representatives (excepting one site participants as noted above) or their designees attend four of the Year 6 Quality Improvement Collaborative virtual group meetings offered for the Area of Concentration.

Alternatively, organizations may complete the milestone by attending three QIC virtual meetings and two Quality Improvement Workgroups.

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**Milestone #2**  
**(October 1, 2021 – September 30, 2022)**

*5%*

Complete an updated IPAT score between August 1, 2022 and Sept 30, 2022 and report the practice site’s level of integration using the results of the IPAT level of integration tool to AHCCCS (participants will be inputting the score in the Attestation Portal).
### Performance Measure Targets

Established per organization based on baseline performance

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Measure Description</th>
<th>Measure Weighting</th>
<th>Measure Sets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow up after hospitalization for mental illness: 18 and older (30 - Day)</td>
<td>Percentage of discharges for beneficiaries age 18 and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner within 30 days after discharge.</td>
<td>15%</td>
<td>⬤</td>
</tr>
<tr>
<td>Follow up after hospitalization for mental illness: 18 and older (7 - Day)</td>
<td>Percentage of discharges for beneficiaries age 18 and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner within 7 days after discharge.</td>
<td>50%</td>
<td>⬤</td>
</tr>
<tr>
<td>Diabetes Screening for people with Schizophrenia or Bipolar Disorder who are using antipsychotic medications</td>
<td>Percentage of beneficiaries ages 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.</td>
<td>15%</td>
<td>⬤</td>
</tr>
</tbody>
</table>

**Measure Sets Key (hyperlinked)**

<table>
<thead>
<tr>
<th>CMS Core Set</th>
<th>CMS ScoreCard</th>
<th>Statewide (STCs)</th>
<th>NCQA HEDIS™</th>
</tr>
</thead>
<tbody>
<tr>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
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</table>