Core Component #4 Justice Area of Concentration

Implement an Integrated Care Plan
Key Concepts

There is no perfect model or template for integrated treatment plans, however the following key considerations offer a blueprint for integrated care providers in creating and maintaining treatment plans that meet the goals and needs of individuals in your practice:

- Physical and behavioral health needs
- Shared goals - member driven
- Action steps
- Additional elements based on characteristics of the practice and/or patient

Frequency:

- Update at least annually
- Ensure the co-treating physical/behavioral health provider receives updated and current care plan through secure electronic means
4. Implement the use of an integrated care plan, using established data elements, for members identified as part of Core Component 2.

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<tr>
<th>Milestone Measurement Period 1</th>
<th>Milestone Measurement Period 2</th>
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<tr>
<td>(October 1, 2017–September 30, 2018**)</td>
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<td><strong>Practice Reporting Requirement to State</strong></td>
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- By September 30, 2018, demonstrate that the practice has designed and is able to implement an integrated care plan.

- Based on a practice record review of a random sample of 20 members, whom the practice has identified as having received behavioral health services during the past 12 months, attest that the integrated care plan, which includes established data elements, is documented in the electronic medical record 85% of the time.
What is an integrated care plan?

• An integrated care plan is one that prioritizes both physical and behavioral health needs, and reflects the patient and provider’s shared goals for improved health.

• It includes actionable items and linkages to other services and should be updated continually in consultation with all members of the clinical team, the patient, the family, and when appropriate, the Child and Family Team.

• Primary and behavioral health care organizations on the path to integration should create one plan that provides all the information needed to address a person’s whole health.
Additional Resources

• We recommend that you contact your AHCCCS health plan MCO to ensure coordination between the provider and MCO Care Management.

• Please reference our contact list of MCO resources here:
  https://www.azahcccs.gov/PlansProviders/TargetedInvestments/Resources/index.html

• SAMHSA Resource for an Integrated Care Plan
TI Year 2 Milestone Measurement Period
October 1, 2017 – September 30, 2018

Reporting Requirement to the State:

By September 30, 2018:

Demonstrate that the practice has begun using an integrated care plan
Attestation and Document Validation

- AHCCCS will be open a TI Attestation Portal through AHCCCS Online
- The portal will be available for attestation and document upload in June 2018
- Only some of the Milestones will require providers to submit documentation that will need to be uploaded through the Attestation Portal for review by AHCCCS.
- In order to attest for this milestone, participants will need to develop an integrated care plan.
- More detailed information about how to use the TI Attestation Portal will be available prior to June 2018.
Sneak Peek of TI Year 3
Sneak Peek: TI Year 3 Measurement Period
October 1, 2018 – September 30, 2019

Practice Reporting Requirement to State by
9/30/2019

4. Implement the use of an integrated care plan\(^3\), using established data elements\(^4\), for members identified as part of Core Component 2.

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Questions

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