

¹ INTEGRATED HEALTH PLAN-CARE REPORT (INTEGRATION)	LOCATION, PAGE # & PARAGRAPH	ACCEPTED YES/NO	EXPLANATION IF NOT ACCEPTED
INTEGRATED HEALTH PLAN-CARE ² REPORT - PROGRAM EVALUATION ³			
<p>Instructions: The Contractor must include an Integrated Health Plan-Care Work Plan Evaluation that provides a detailed analysis of the Contractor’s progress in meeting the previous years’ Integrated Health Plan-Care Work Plan goals and objectives, as well as a determination of the effectiveness of actions (interventions) and other follow up activities included in the Contractors Integrated Health Plan-Care Work Plan for the previous Contract Year.⁴</p>			
<p>The Contractor Integrated Health Plan-Care Work Plan Evaluation includes:</p>			
<p>1. <u>An evaluation of the previous year’s activities, including stakeholder interviews and experiences, trends identified through INTEGRATION Integration activities, and resulting actions taken for improvement.</u> <u>The Evaluation should include the following:</u> a) <u>Data specific to efforts and noted trends (e.g. ED utilization, follow-up visits, members assigned to integrated providers)</u> a) <u>Efforts to develop health homes and/or efforts around provider accountability and performance metrics as well as describing the service array in the behavioral⁵ health homes and any efforts to expand services</u> b) <u>Data and description of efforts specific to justice-involved members and coordination of services</u> c) <u>Social Determinant considerations and efforts (e.g. employment, housing, veteran status, nutrition)</u> d) <u>Efforts around provider education to support integration</u></p>			

¹ Exhibit Number Changed as item will be relocated to the new Policy 920.

² Revised from ‘Plan’ to ‘Care’ throughout attachment

³ Formatting changed to mirror those made in the QM/PI Annual Plan Checklist

⁴ Language revised to enhance flow and clarity, throughout document. No substantial changes made.

⁵ POST APC CHANGE: change ‘behavioral’ to ‘integrated’

1 INTEGRATED HEALTH PLAN-CARE REPORT (INTEGRATION)	LOCATION, PAGE # & PARAGRAPH	ACCEPTED YES/NO		EXPLANATION IF NOT ACCEPTED
<p>1.2. Rationale for changes in the scope of the INTEGRATION Integration Program and Plan (and when reported to AHCCCS). <u>When possible, changes should be supported by data, which should be presented in the evaluation.</u></p>				

INTEGRATED HEALTH ~~PLAN-CARE~~ REPORT – NARRATIVE AND WORK PLAN

Instructions: The Contractor must provide a written description (Narrative) and formal outline (Work Plan Evaluation) of all planned program goals and activities addressing the minimum requirements of this report. The Contractor must also provide supporting documentation for those items indicated below.

The Contract Integrated Health ~~Plan-Care~~ Report Narrative and Work Plan includes:

<p>2.3. A <u>detailed</u> summary of all INTEGRATION Integration activities:</p> <ul style="list-style-type: none"> a. Title/name of each activity b. Timelines c. Measurable goals and/or objective(s) related to each activity d. Contractor departments or units and staff positions involved in integration activities e. Description of communications and feedback related to INTEGRATION data and activities f. <u>Electronic Health Record Efforts</u> g. <u>Exchange of Clinical Information between PCP and BH providers (BHMPs; BHPs)</u> 				
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<p>e.h. <u>PCP outreach efforts related to SMI mental health issues</u></p>				
<p>3.4. Documentation of continued monitoring to evaluate the effectiveness of integration, including <u>detailed</u> data related to the following member-related system outcomes:</p> <ul style="list-style-type: none"> a. Chronic healthcare needs and/or disease management b. ER visits c. Hospital readmission rates d. Justice involvement e. Homelessness f. SMI Opt-out requests g. SMI Opt-outs accepted <p><u>h.</u> Access to and utilization of primary and specialty care</p> <p><u>h.i.</u> <u>Any other elements that the MCO deems important for consideration</u></p>				
<p>4.5. Documentation of continued monitoring to evaluate the effectiveness of integration, including data and/or activities related to the following:</p> <ul style="list-style-type: none"> a. Housing waitlist time b. Employment rates c. Hospital discharge planning and coordination including member outcomes for follow-up care <u>d.</u> Coordinated communication among providers <u>d.e.</u> <u>Any other elements that the MCO deems important for consideration</u> 				
<p>5.6. A summary and timeline of short-term (6-12 months) and long-term (13 months or greater) <u>Integration</u> strategies, including methodologies <u>and rationale for chosen focus.</u></p>				
<p>6.7. A summary of targeted outreach including, but not limited to :</p> <ul style="list-style-type: none"> a. High-risk members b. American Indians members 				

<ul style="list-style-type: none"> c. Homeless members d. Members with substance use disorders e. Veterans f. Opioid/ Benzodiazepine use e.g. Members receiving care under pain clinic umbrellamodel 				
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OPEN UNTIL 03/18/18