

**Provider Type: Behavioral Health Provider**  
**Area of Concentration: Children/Youth with Behavioral Health Needs**

**Project:** Ambulatory

**Area of Concentration:** Children/Youth with Behavioral Health Needs

**Provider Type:** Pediatric 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 children/youth with behavioral health needs and children/youth in the foster care system.

**1. Participate in the Targeted Investments Program Quality Improvement Collaborative (QIC) offered by the Arizona State University College of Health Solutions. The QIC will support TI Program participants by providing interim updates on their Year 5 Milestone Performance Measures, assist with quality improvement, offer HEDIS™ technical assistance, and facilitate peer learning.**

**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.

**2. Identify where along the Levels of Integrated Healthcare continuum the practice falls (see table below). To do so, please complete the Integrated Practice Assessment Tool (IPAT).**

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some Systems Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed /Merged Integrated Practice

**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).

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**Performance Measure Targets:** Established per organization based on baseline performance

Performance Measure	Measure Description	Measure Weighting	Measure Sets
<b>Pediatric follow-up after hospitalization for mental illness ages 6-17 (30 - Day)</b>	Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner within 30 days after discharge.	15%	
<b>Pediatric follow-up after hospitalization for mental illness ages 6-17 (7 - Day)</b>	Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner within 7 days after discharge.	50%	
<b>Metabolic monitoring for children and adolescents on antipsychotics</b>	Assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year.	15%	

Measure Sets Key (Hyperlinked)			
<a href="#">CMS Core Set Peds</a>	<a href="#">CMS ScoreCard</a>	<a href="#">Statewide (STCs)</a>	<a href="#">NCQA HEDIS</a>
			