



# AHCCCS Targeted Investments: Year 2 Application Portal Desk Aid

**Application Open:**

December 9, 2024 at 8 a.m. MST - January 10, 2025 at 5 p.m. MST

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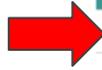
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# AHCCCS Online Login



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## Year 2 Application

Organizations will submit a Year 2 application for the TI 2.0 Program through the [AHCCCS Online TI 2.0 Application Portal](#). The portal will not be available until December 2024. The AHCCCS TI team will make an announcement through email when it is open.

In the meantime, organizations are encouraged to prepare for the Year 2 application by completing the following tasks (if applicable):

1. Finalize milestone documentation specified on the [TI 2.0 Milestone Resources](#) website and rename the documents to align with [Document Validation](#) naming conventions guidance.
2. Ensure that your organization is meeting the program requirements. The [TI 2.0 Eligibility Requirements](#) website details the EHR/HIE commitment and Year 1 processes that must be implemented by 10/20/2024. Participants that submitted an application in Year 1 via portal or email may change the originally selected eligibility processes and/or add a new area of concentration (new eligibility processes) during the Year 2 application process.
3. Confirm staff can access the [AHCCCS Online TI 2.0 Application Portal](#).
4. Confirm each participating facility's information in the AHCCCS Provider Enrollment Portal, ADHS Licensure, and the NPI registry are accurate (consistent). Specifically:
  - Review [NPI guidelines](#) to create a new facility NPI(s) (if needed). If a facility NPI is not needed, add all clinic locations to the "secondary location" of the group/organization NPI in the [NPPES NPI Registry](#). Email the Enumerator for any related questions: [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com).
  - Review current AHCCCS enrollment via AHCCCS Provider Enrollment Portal (APEP) and ensure effective dates and service addresses are accurate for each facility and individual provider. Submit an enrollment application for any licensed clinics not already enrolled with AHCCCS.
  - Unlicensed PCP facilities only: Review [ADHS Health Care Institution Exemption Attestation Form](#) and apply for a facility license(s) as needed. AHCCCS will follow-up with participants if applicable.

The Targeted Investments (TI 2.0) Year 2 Application Portal is located on the AHCCCS Online website.

- Option 1: Click on the following AHCCCS Online website link: <https://ao.azahcccs.gov/Account/Login.aspx>
- Option 2: Access the TI 2.0 Application Portal through the TI website [Application](#) section. Select the AHCCCS Online hyperlink.



**Arizona Health Care Cost Containment System**  
*Our first care is your health care*

**New Account**

- Register for an AHCCCS Online account
- Learn more about AHCCCS Online

**Assessments**

- View Hospital Assessment Invoice
- Make a Hospital Assessment Payment
- View Health Care Investment Assessment Invoice
- Make a Health Care Investment Assessment Payment

**Health Plan Links**

- View Health Plan Links

**Help**

- User Manuals
- About Us
- AHCCCS Public Website
- Report Fraud

**WARNING!** This system contains State of Arizona and U.S. Government information. This information is confidential under state and federal law. Use and disclosure of this information is limited to purposes directly related to the administration of the Arizona Health Care Cost Containment System. The use and disclosure of this information is also subject to the privacy and security requirements of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (HIPAA). By using this information system, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized or improper use of, or access to, this system may subject you to state and federal criminal prosecution and penalties as well as civil penalties. At any time, the government may intercept, search, and seize any communication or data transiting or stored on this information system.

Thank you for visiting AHCCCS Online. Please sign in or register for a new account. For assistance with the registration process and other common inquiries, please visit the [FAQs](#).

**Sign In**

Username:

Password:

[Forgot your Password?](#)

- Passwords are case-sensitive. After 3 failed login attempts within a 15 minute period, your account will be locked. If locked, you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.

▲ Your web browser must have JavaScript enabled in order to use AHCCCS Online.

**ATTENTION!**

**CLAIM DISPUTE SUBMISSIONS**

Please go to the AHCCCS Solutions Center to create a new account and submit claim disputes through the portal. For instructions on creating an account and using the new service, please refer to the [Provider User Guide](#).

**CLAIM ATTACHMENTS**

AHCCCS has transitioned to a new Electronic Data Interchange (EDI) platform. Users need to register for an account to use the EDI Portal. If you do not have an account, please follow the instructions outlined in the [EDI Portal Signup and Login Guide for Providers](#).

**ID.ME DOWNTIME**

The ID.me system will be down for maintenance from 8:00 PM - 3:00 AM on 11/15/24, 11/22/24 and 12/06/24. During this time, AHCCCS Online will be unavailable.

**AHCCCS Online Training** - To receive training on how to use the AHCCCS Online website, please email [providertrainingffs@azahcccs.gov](mailto:providertrainingffs@azahcccs.gov), or view previous training sessions in the [Provider Training Video Library](#) at DFSM Training.

**AHCCCS Provider Enrollment Portal (APEP)** - The APEP portal offers a secure, streamlined enrollment process that allows a provider to electronically submit a new enrollment or modify information associated with an existing provider. For assistance with the APEP portal, please visit the [Provider Enrollment site](#), or contact Provider Services at (602) 417-7670.

**ID.me account now required!**

- AHCCCS partnered with ID.me to provide secure identity verification and login services to its users. As of January 4, 2024, you are required to use ID.me to access the AHCCCS Online portal.

**Set up your ID.me account to use for business**

- If you already have an ID.me account, you must add your work email address to your personal account before signing in to AHCCCS with your ID.me login.
- If you have never created an ID.me account, create your account using your personal email, add your work email address, and then verify your identity to access the AHCCCS Online portal.

**If you already have an ID.me account for personal use, do not create a duplicate account as it will cause delays.**

- For step-by-step instructions or to get help, visit the [ID.me Help Center](#).

**Chat With Us**  
Click here to speak with our Virtual Assistant

Enter your AHCCCS Online Username and Password.

**NOTE:** If are experiencing login issues contact the Customer Support Center by emailing [servicedesk@azahcccs.gov](mailto:servicedesk@azahcccs.gov) or call **602-417-4451**.



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- Make a Health Care Investment Assessment Payment

**Health Plan Links**

- View Health Plan Links

**Help**

- User Manuals
- About Us
- AHCCCS Public Website
- Report Fraud

**ID.me** + **AHCCCS**

AHCCCS offers identity verification with ID.me that streamlines access to AHCCCS Online services with a secure account that protects your privacy.

**Follow these steps:**

**STEP 1 (REQUIRED)**

**Set up your ID.me account for business**

Account setup is required for all users.

[Get started](#) 

**STEP 2**

**Verify with ID.me to access AHCCCS Online**

After you have added a work email to your ID.me account, select 'Verify with ID.me'.

[Verify with ID.me](#) 

**Troubleshooting?**

If you created a duplicate ID.me account with your work email, follow [these instructions](#) to fix the issue

Once logged in, complete the identity verification with ID.me.

After completing Step 1 and Step 2, the Targeted Investments Program portal link will be appear on the left-side menu.

# AHCCCS Online TI 2.0 Year 2 Application Portal



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<a href="#">Claim Status</a>
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<a href="#">Provider Verification</a>
<b><a href="#">Targeted Investments Program</a></b>

Support and Manuals
<a href="#">User Manuals</a>
<a href="#">Learn More</a>
<a href="#">Frequently Asked Questions</a>

Account Information
Username: <input type="text"/>
User: <input type="text"/>
Type: Master
IP: <input type="text"/>
National Provider ID
<a href="#">User Request Stats</a>
<a href="#">Admin</a>

### Targeted Investments Program

The Targeted Investments (TI) Program is AHCCCS' strategy to provide financial incentives to eligible AHCCCS providers to develop systems for integrated care, capitation rates, to incentivize providers to improve performance. Specifically, participating Medicaid providers will be paid incentive payments for increasing phy

- Reduce fragmentation that occurs between acute care and behavioral health care
- Increase efficiencies in service delivery for members with behavioral health needs
- Improve health outcomes for the affected populations

Targeted Investments Program 1.0

Targeted Investments Program 2.0



Click the “*Targeted Investments Program*” link on the left-side menu.

Then click on the “*Targeted Investments Program 2.0*” button to be directed to the Year 2 application.

**NOTE:** If the Targeted Investments Program link is not present, then the Master Account user for your organization must go to Account Information section and select the “*Admin*” link within their AHCCCS Online account. Then they need to select your user account in the “*Active User*” dropdown menu. Next, they need to add a checkmark in the “*User Authorization*” where it says Targeted Investments Program and save the changes by clicking the “*Update Authorization*” button.

If you're unable to add the permission, contact your master account holder to do so. AHCCCS can help identify and/or promote an existing user to become a Master Account holder by calling this number: **602-417-4451**.



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- [Targeted Investments Program](#)

### Targeted Investments Program

Targeted Investments 2.0 is a 5-year, \$250M, outpatient provider incentive program that encourages participating provider organizations to thoughtfully develop infrastructure and protocols to optimize coordination of services designed to meet the member's acute, behavioral, and health-related social needs as well as address identified health inequities amongst their patient population. Participating provider organizations and justice clinics receive an annual lump-sum payment for developing processes with required elements, implementing these processes, and reducing health inequities (e.g., NQSA HEDIS measures) within their patient population.

By attesting to the milestone completion, TI participants certify that the requirements stated in that Eligibility Criteria and milestone have been met. Attesting to lacking or incomplete milestones may result in civil and criminal penalties against the person submitting the attestation and/or the provider. In addition, civil and criminal penalties and other administrative remedies may be imposed for any material misrepresentation or false statement made to obtain a TI incentive payment. Additionally, TI participants understand that they may be subject to a post payment audit conducted by the AHCCCS Office of Inspector General.

#### TI 2.0 Year 2 Application Search

\* Federal Tax ID:  9 digit numeric value

Search

#### SECURITY NOTICE

Enter the organization's Tax ID. Then click the "Search" button.

**NOTE:** If there are more than one Tax IDs affiliated with the organization then each Tax ID must complete a separate TI 2.0 Year 2 application. The AHCCCS Online User will need separate accounts for each Tax ID.

\* Federal Tax ID:  9 digit numeric value

#### SECURITY NOTICE

The authorized signatory acknowledges and agrees that by clicking "Yes" to an attestation statement, you are affirming under penalty of law:

1. You have authority to make the attestation, on behalf of the provider organization
2. The answer provided is true, accurate, and complete
3. The provider organization has completed the stated task or other scope of work identified in each Attestation Statement answer in the affirmative.

I Agree

Review the Security Notice section and check the "I Agree" box to move forward in the application.

# Authorized Signature Form





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Targeted Investments Program

Authorization Form

Please print, sign and upload the [Targeted Investments Authorized Signature Form](#).



Please **DO NOT** upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).

Type:

Select file to upload:  No file chosen

Max File Size: 10MB  
Accepted File Types: pdf

Click on the blue hyperlink titled “*Targeted Investments Authorized Signature Form*” to download the form to the computer.

Download and save the Targeted Investments Authorized Signature Form to the computer.



## Targeted Investments Participant User Acceptance Agreement

### Terms of Use

Please read these *Terms of Use* carefully before entering into this Agreement. The Targeted Investments ("TI") participant ("you") consents to these *Terms of Use* which signifies an agreement with AHCCCS to abide by all the rules and conditions set forth herein. By applying for and accepting entry into the TI Program, you are acknowledging and accepting these *Terms of Use* and agreeing to each of the items set forth in this Agreement.

TI Participants must upload a signed copy of this Agreement when attesting for each physical site that been accepted into the TI Program, in order for it to meet or satisfy the TI Program Milestones.

AHCCCS may, at any time, amend these *Terms of Use* with or without notice. Any change to the Agreement will become effective immediately and notice of change will be provided to all TI Participants by AHCCCS through electronic mail.

Each TI Participant is required to complete attestations regarding the achievement of Milestones at each of the individual physical site(s) you operate in order to receive the corresponding incentive payments. These attestations must be completed and submitted by the TI Participant under the area of concentration for which they applied and were accepted by AHCCCS.

By signing this Agreement the TI Participant agrees, certifies and/or warrants as follows:

- That the TI Participant will accurately, honestly and completely report and attest regarding each of the Milestones for each identified area of concentration for which it participates;
- The foregoing is a material requirement to the TI Participant receiving payment for attesting that it has reached a Milestone and applies to each participating physical site;
- It is the responsibility of the TI Participant to oversee and monitor the accuracy and compliance, with respect to each of the attestation statements;
- Payment to the TI Participant under the TI Program will be paid from Federal funds and that by filing this attestation the TI Participant is submitting a claim for Federal funds.

The TI Participant will notify AHCCCS of any unauthorized use of its account, including any security or data breach.

The TI Participant will periodically review the *Terms of Use* to ensure it is in compliance;

- AHCCCS reserves the right to perform an audit of this information, which may include an on-site visit by AHCCCS staff or its designee, to gather supporting data to verify compliance; The TI Participant understands that any attestations which materially misrepresent or falsely state information to obtain a TI incentive payment constitutes a false claim and may result in denial of payment, civil and/or criminal penalties, immediate removal from the TI Program, or other action as deemed appropriate by AHCCCS.
- Should an unauthorized employee, contractor or other individual falsely submit an attestation for any Milestone, the TI Participant is to immediately notify AHCCCS by e-mail at the following e-mail address: targetedinvestments@azahcccs.gov.
- The TI Participant shall retain all records relevant to each attestation statement for a period of ten (10) years from the date of participation in the TI Program. Furthermore, the TI Participant agrees to furnish those records to AHCCCS upon request.

### Authorized Signatory Position

By signing this document, I agree to all terms contained herein.

Name of TI Participant Organization/Practice: \_\_\_\_\_  
 Tax ID of TI Participant Organization/Practice: \_\_\_\_\_  
 Contact email of Authorized Signatory: \_\_\_\_\_  
 Print Name of Authorized Signatory: \_\_\_\_\_  
 Signature of Authorized Signatory: \_\_\_\_\_  
 Dated this \_\_\_\_ day of \_\_\_\_\_, 2024

**Authorized Signatory Signs Here**

### TI Delegate(s) Position

I \_\_\_\_\_ (Authorized Signatory) permit the following individual(s) to perform duties and responsibilities on behalf of the Authorized Signatory for the TI Organization/Practice.

	Name of TI Delegate(s)	Email of TI Delegate(s)
#1		
#2		
#3		
#4		

**Add Delegates Information Here**

The Targeted Investments Participant User Acceptance Agreement (AKA: Authorized Signature Form) needs to be reviewed, signed and saved to your computer before you can upload it to the TI 2.0 Application Portal.

**NOTE:** The form needs to be signed by the executive or administrator responsible for TI attestation. This Authorized Signatory and listed Delegates will receive sensitive payment-related correspondence and general TI correspondence.



## Targeted Investments Program

### Authorization Form

Please print, sign and upload the Targeted Investments Authorized Signature Form.

**Please DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).**

Type:

Select file to upload:  UserAcceptanceAgreement-2024.pdf

Max File Size: 10MB  
Accepted File Types: pdf

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#### Account Information

1. Click on the dropdown menu labeled *Type* and select the option labeled “*Authorized Signature Form.*”
2. Upload the signed form by clicking on “*Choose File.*”
3. Once the file is added, click the “*Upload Attachment*” button to proceed to the next page.

**NOTE:** Remember, the form must be signed by the executive or administrator responsible for TI attestation. The Authorized Signatory can select up to 4 Delegates that can perform duties on behalf of the the Authorized Signatory. Delegates are not required. AHCCCS does not require the Authorized Signatory or Delegates to submit the application if the form is submitted correctly.



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**Account Information**

Username:

Targeted Investments Program

Authorization Form

Document Status	FileName	File Type	Upload Date
Pending	UserAcceptanceAgreement-2024.pdf	Authorized Signature Form	11/14/2024

Authorized Signatory (Mandatory)

Name	Email
<input type="text"/>	<input type="text"/>

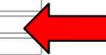
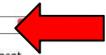
NOTE: The Authorized signatory name should match the printed name of the Authorized signatory in the agreement document.

Delegate (Optional)

	Name	Email
Delegate 1:	<input type="text"/>	<input type="text"/>
Delegate 2:	<input type="text"/>	<input type="text"/>
Delegate 3:	<input type="text"/>	<input type="text"/>
Delegate 4:	<input type="text"/>	<input type="text"/>

NOTE: The delegate's name should match the printed name shown on the Authorized User Agreement Form.

Save



Once the signed form is uploaded, type **the name and email of the Authorized Signatory who signed the form**. Type the names and emails of Delegates (if applicable).

Click the “Save” button to keep all the information and proceed to the next page.

**NOTE:** Applications will be rejected if the names do not match the information on the form. The person completing the application does not need to be an Authorized Signatory or Delegate.



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Targeted Investments Program

Authorization Form

Document Status	FileName	File Type	Upload Date
Pending	UserAcceptanceAgreement-2024.pdf	Authorized Signature Form	11/14/2024

Authorized Signatory (Mandatory)

Name	Email
Jane	TargetedInvestments@azahcccs.gov

Delegate (Optional)

Name	Email
Test 1	TargetedInvestments@azahcccs.gov2

Delegate 1:  
Delegate 2:  
Delegate 3:  
Delegate 4:



Review that all information is correct and click the “Next” button to proceed.

**NOTE:** Organizations are required to log into the AHCCCS Online TI 2.0 Application Portal to change Delegates and Authorized Signatory when they are no longer responsible for the TI 2.0 Program.

# Selecting Year 2 Area(s) of Concentration (Optional)



**AREA OF CONCENTRATION - YEAR 1** 

Area of Concentration :  ADULT PCP  PEDI PCP  ADULT BH  PEDI BH  JUSTICE

AREA OF CONCENTRATION	CLINIC SELECTION	ELIGIBILITY CRITERIA
Adult Primary Care	<a href="#">View</a>	<a href="#">View</a>
Pediatric Primary Care	<a href="#">View</a>	<a href="#">View</a>
Adult Behavioral Health	<a href="#">View</a>	<a href="#">View</a>
Pediatric Behavioral Health	<a href="#">View</a>	<a href="#">View</a>
Adults Transitioning from the Criminal Justice System	<a href="#">View</a>	<a href="#">View</a>

NOTE: To view the selection, click the "View" link.

**AREA OF CONCENTRATION - YEAR 2** 

\* Choose Area of Concentration :  ADULT PCP  PEDI PCP  ADULT BH  PEDI BH  JUSTICE [Edit](#)

AREA OF CONCENTRATION	CLINIC SELECTION			MILESTONE			ELIGIBILITY CRITERIA		
Adult Primary Care	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Pediatric Primary Care	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Adult Behavioral Health	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Pediatric Behavioral Health	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Adults Transitioning from the Criminal Justice System	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>

NOTE: To select the Clinic Selection, Milestone and Eligibility Criteria, click the "Edit" link under the corresponding heading. To view the selection, click the "View" link. Please select the Clinic Selection before proceeding to Milestone and Eligibility Criteria. The submit button will be enabled only when all the selections are completed.

The TI 2.0 application for Year 1 and Year 2 are available on the Area of Concentration page.

**NOTE:** Selections from the Year 1 application will be carried forward to the Year 2 application. Year 1 selections cannot be edited in the Year 1 portal. Participants can review previous years' attestation at any point during the program by clicking the "View" buttons next under the YEAR 1 section.

## AREA OF CONCENTRATION - YEAR 2

\* Choose Area of Concentration :

ADULT PCP  PEDS PCP  ADULT BH  PEDS BH  JUSTICE

[Edit](#)

AREA OF CONCENTRATION	CLINIC SELECTION			MILESTONE			ELIGIBILITY CRITERIA		
Adult Primary Care	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Pediatric Primary Care	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Adult Behavioral Health	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Pediatric Behavioral Health	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Adults Transitioning from the Criminal Justice System	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>

NOTE: To select the Clinic Selection, Milestone and Eligibility Criteria, click the "Edit" link under the corresponding heading. To view the selection, click the "View" link. Please select the Clinic Selection before proceeding to Milestone and Eligibility Criteria. The submit button will be enabled only when all the selections are completed.

Submit

Adding or removing an Area of Concentration in Year 2 is **optional**. Most participants will skip this step. Do not make changes without prior confirming with the TI Team.

**NOTE:** If you delete an Area of Concentration by mistake, you will need to reselect and redo the entire application.

# Year 2 Application 3 Main Sections



## AREA OF CONCENTRATION - YEAR 2

\* Choose Area of Concentration :

ADULT PCP

PEDS PCP

ADULT BH

PEDS BH

JUSTICE

[Edit](#)

AREA OF CONCENTRATION	CLINIC SELECTION			MILESTONE			ELIGIBILITY CRITERIA		
Adult Primary Care	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Pediatric Primary Care	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Adult Behavioral Health	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Pediatric Behavioral Health	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Adults Transitioning from the Criminal Justice System	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>

NOTE: To select the Clinic Selection, Milestone and Eligibility Criteria, click the "Edit" link under the corresponding heading. To view the selection, click the "View" link. Please select the Clinic Selection before proceeding to Milestone and Eligibility Criteria. The submit button will be enabled only when all the selections are completed.

## Organizations will complete three sections for each participating Area of Concentration in this order:

- **Clinic Selection:** Indicate which clinics were participating at any point during Year 2.
- **Milestone:** Indicate which activities were conducted during Year 2.
  - **Eligibility Milestones:** Confirm (**Yes** or **No**) required processes or commitments were implemented by 10/20/2024 or the first day the clinic was open (whichever is sooner).
  - **Milestones:** Confirm (**Yes** or **No**) to meeting requirements for each Year 2 Milestone.
  - **Documentation:** Uploading processes and protocols associated with Year 2 Document Validation.
- **Eligibility Criteria (Optional):** Indicate which required processes or commitments (carryover from Year 1) were implemented during Year 2.

# Clinic Selection



# Clinic Selection Overview- All Participants

## AREA OF CONCENTRATION - YEAR 2

\* Choose Area of Concentration :  ADULT PCP  PEDS PCP  ADULT BH  PEDS BH  JUSTICE [Edit](#)

AREA OF CONCENTRATION	CLINIC SELECTION	MILESTONE	ELIGIBILITY CRITERIA
Adult Primary Care	<b>Incomplete</b> <a href="#">Edit</a> <a href="#">View</a>	<b>Incomplete</b> <a href="#">Edit</a> <a href="#">View</a>	<b>Incomplete</b> <a href="#">Edit</a> <a href="#">View</a>
Pediatric Primary Care	<b>Incomplete</b> <a href="#">Edit</a> <a href="#">View</a>	<b>Incomplete</b> <a href="#">Edit</a> <a href="#">View</a>	<b>Incomplete</b> <a href="#">Edit</a> <a href="#">View</a>
Adult Behavioral Health	<b>Incomplete</b> <a href="#">Edit</a> <a href="#">View</a>	<b>Incomplete</b> <a href="#">Edit</a> <a href="#">View</a>	<b>Incomplete</b> <a href="#">Edit</a> <a href="#">View</a>
Pediatric Behavioral Health	<b>Incomplete</b> <a href="#">Edit</a> <a href="#">View</a>	<b>Incomplete</b> <a href="#">Edit</a> <a href="#">View</a>	<b>Incomplete</b> <a href="#">Edit</a> <a href="#">View</a>

NOTE: To select the Clinic Selection, Milestone and Eligibility Criteria, click the "Edit" link under the corresponding heading. To view the selection, click the "View" link. Please select the Clinic Selection before proceeding to Milestone and Eligibility Criteria. The submit button will be enabled only when all the selections are completed.

Submit

Click *“Edit”* in the Clinic Selection section to choose the clinics that participated in Year 2 of the TI 2.0 Program.

Complete this task for each Area of Concentration that participated during any point of Year 2 (10/1/2023 - 9/30/2024) including participating sites that closed after 10/1/2023.

# Clinic Selection Overview- All Participants

Year 2 - Clinic List - Adult Primary Care										
PROVIDER TYPE	PROVIDER ID	PROVIDER(SITE) NAME	CLINIC NPI	CLINIC LICENSED BY ADHS?	SERVICE LOCATION	SERVICE ADDRESS	CURRENT SITE STATUS	PARTICIPATING YEARS	GROUP NPI	Help
<input checked="" type="checkbox"/> IC	x0220469	Arizona TIP Clinic	1234567890	<input checked="" type="checkbox"/>	01	123 Main St. Phoenix, 86213	Submitted	Y1, Y2		
<input checked="" type="checkbox"/> IC	x022069x	Arizona TIP Clinic	1234567890	<input checked="" type="checkbox"/>	01	345 Main St. Phoenix, 86213	Accepted	Y1, Y2		
<input checked="" type="checkbox"/> IC	x02069x	Arizona TIP Clinic	1234567890	<input checked="" type="checkbox"/>	02					

The AHCCCS Online TI 2.0 Year 2 Application Portal has five new fields in the Clinic Selection section:

- 1. Clinic Licensed by ADHS:** A check in this column indicates the clinic is licensed by ADHS. ICs, 77s, FQs, and participating clinics known to have licensure in Year 1 will automatically have a check mark.
- 2. Current Site Status:** This column will have an indicator that says “submitted” if there is a completed Year 1 Application on file.
- 3. Participation Years:** “Y1” represents Year 1 participation and “Y2” represents Year 2 participation.
- 4. Group NPI:** “Group Biller” means an organization acting as the financial representative of any Affiliated Provider or group of Affiliated Providers who have authorized the organization to act on the Provider(s) behalf. For the PCP Program, the provider type 01-Group biller NPI displays for the AHCCCS Provider ID and associated service location. This indicator is not applicable to BH or Justice applications.
- 5. Help:** This page provides a detailed explanation of each field in the Clinic Selection section.

# Clinic Selection Overview- All Participants

Menu
ADHM Services Program
Claim Status
Claim Submission
Electronic Fund Transfer (EFT) Enrollment
EVV Service Confirmation
Member Verification
Member Supplemental Data
Newborn Notification
Prior Authorization Inquiry
Prior Authorization Submission
Provider Verification
Targeted Investments Program

Support and Manuals
User Manuals
Learn More
Frequently Asked Questions

### Targeted Investments Program

#### Year 2 - Clinic List - Adult Primary Care

<input type="checkbox"/>	PROVIDER TYPE	PROVIDER ID	PROVIDER(SITE) NAME	CLINIC NPI	CLINIC LICENSED BY ADHS?	SERVICE LOCATION	SERVICE ADDRESS	CURRENT SITE STATUS	PARTICIPATING YEARS	GROUP NPI
<input checked="" type="checkbox"/>	IC				<input checked="" type="checkbox"/>	01	VALLEY AZ 86314	Submitted	Y1, Y2	
<input checked="" type="checkbox"/>	IC				<input checked="" type="checkbox"/>	01	MESA AZ 85202	Submitted	Y1, Y2	
<input checked="" type="checkbox"/>	IC				<input checked="" type="checkbox"/>	02	MESA AZ 85202	Submitted	Y1, Y2	
<input checked="" type="checkbox"/>	IC				<input checked="" type="checkbox"/>	03	MESA AZ 85202	Submitted	Y1, Y2	
<input checked="" type="checkbox"/>	IC				<input checked="" type="checkbox"/>	01	MESA AZ 85202	Submitted	Y1, Y2	
<input checked="" type="checkbox"/>	IC				<input checked="" type="checkbox"/>	02	MESA AZ 85202	Submitted	Y1, Y2	
<input checked="" type="checkbox"/>	IC				<input checked="" type="checkbox"/>	03	MESA AZ 85202	Submitted	Y1, Y2	
<input type="checkbox"/>	IC				<input type="checkbox"/>	01	CITY AZ 86442			
<input type="checkbox"/>	IC				<input type="checkbox"/>	02	CITY AZ 86442			
<input type="checkbox"/>	IC				<input type="checkbox"/>	01	PHOENIX AZ 85029			

1

Click here to select or deselect clinics.

NOTE: Please check the box to select the Clinic list.

2

Submit Close

All clinics affiliated with the Tax IDs that were actively enrolled as an eligible provider type (per Area of Concentration) at least one day in Year 2 (10/1/23 - 9/30/24) are displayed.

1. Add a check next to all outpatient clinics that are appropriate for TI 2.0 activities (including clinics that closed since 10/1/23). Do not add a check to specialty clinics that are not appropriate for TI 2.0 Program initiatives.

Confirm that the Service Address, AHCCCS Provider ID, and Clinic NPI are consistent and correct. **If incorrect, update in [APEP](#) before submitting the application.**

2. Save the clinic selections by clicking the "Submit" button at the bottom.

# Clinic Selection- PCP Only

**Primary care clinics that are not enrolled with AHCCCS as an Integrated Clinic have special steps and columns in the Year 2 application.**

**AHCCCS must confirm the NPI registry, ADHS licensure, and AHCCCS enrollment is consistent and appropriate to include the participating site in payment.**

**Participants must type the following\* for each clinic:**

- 01- Group NPI (AHCCCS enrolled)
- ADHS Licensure (Y/N)\*\*
- Facility/ Clinic NPI (if applicable- next page)
- Clinic Service Address

\*This information will autofill for clinics that were: enrolled with AHCCCS as an IC or FQHC, validated during the Year 1 application process, and/or clinics enrolled with AHCCCS under their 01-group biller during Year 2. The latter is no longer allowed by AHCCCS, and participants may see duplicate rows when the same address is enrolled under multiple 01-group NPIs.

\*\*Some PCP clinics are licensed by ADHS to perform urgent care, behavioral health, or other non-exempt services. Participants must indicate when this is the case for the AHCCCS team to validate proper AHCCCS enrollment. Failure to indicate a site is licensed may result in recoupment of incentives paid for that location.

# Clinic Selection- PCP Only: NPIs

Year 2 - Clinic List - Adult Primary Care										
PROVIDER TYPE	PROVIDER ID	PROVIDER(SITE) NAME	CLINIC NPI	CLINIC LICENSED BY ADHS?	SERVICE LOCATION	SERVICE ADDRESS	CURRENT SITE STATUS	PARTICIPATING YEARS	GROUP NPI	Help
<input type="checkbox"/> IC	123456	TIP Clinic 1	1234567890	<input type="checkbox"/>	01	123 Arizona St. Phoenix, AZ 85001				
<input type="checkbox"/> 01	123465	TIP Clinic 2	<input type="text" value="1234567890"/>	<input type="checkbox"/>	01	321 Arizona Ave Phoenix, AZ 85006			1234560987	
<input type="checkbox"/> 01	123654	TIP Clinic 3	<input type="text" value="0000000000"/>	<input type="checkbox"/>	02	456 Arizona Ln Phoenix, AZ 85012			0987651234	

Primary care organizations typically use an AHCCCS-enrolled 01 “group billing” NPI on claims. Some have clinic-specific NPI(s) that may (or may not) be used on claims. This typically occurs when any of the following apply:

- the clinic is licensed
- the clinic delivers services that must be independently credentialed (i.e. taxonomy)
- the clinic is affiliated with a broader, multispecialty healthcare system

Organizations must add the clinic NPI (or a placeholder) that is different from the 01-group NPI (far right column) in each row for participating locations:

- AHCCCS-enrolled ICs: Auto populated based on AHCCCS enrollment information.
- clinics with a facility-specific NPI not enrolled with AHCCCS as a facility: **Manually enter the clinic NPI for the address/row.**
- clinics without a facility-specific NPI: **enter all zeros (10 digits).**

**NOTE:** AHCCCS may request documentation that the participant has confirmed with the NPI Enumerator that a facility NPI is not appropriate. See [the NPPES guidelines](#) for more information.

# Clinic Selection- PCP Only

Year 2 - Clinic List - Adult Primary Care Help

PROVIDER TYPE	PROVIDER ID	PROVIDER(SITE) NAME	CLINIC NPI	CLINIC LICENSED BY ADHS?	SERVICE LOCATION	SERVICE ADDRESS	CURRENT SITE STATUS	PARTICIPATING YEARS	GROUP NPI
<input checked="" type="checkbox"/> IC				<input checked="" type="checkbox"/>	01	7500 E. BLOOMINGTON DR STE 201 BEEHOORN VALLEY AZ 86314	Submitted	Y1, Y2	
<input checked="" type="checkbox"/> IC				<input checked="" type="checkbox"/>	01	1400 W. CAROLINE DR STE 101 MESA AZ 85202	Submitted	Y1, Y2	
<input checked="" type="checkbox"/> IC				<input checked="" type="checkbox"/>	02	1400 W. CAROLINE DR STE 104 MESA AZ 85202	Submitted	Y1, Y2	
<input checked="" type="checkbox"/> IC				<input checked="" type="checkbox"/>	03	MESA AZ 85202	Submitted	Y1, Y2	
<input checked="" type="checkbox"/> IC				<input checked="" type="checkbox"/>	01	1400 W. CAROLINE DR STE 104 MESA AZ 85202	Submitted	Y1, Y2	
<input checked="" type="checkbox"/> IC				<input checked="" type="checkbox"/>	02	1400 W. CAROLINE DR STE 101 MESA AZ 85202	Submitted	Y1, Y2	
<input checked="" type="checkbox"/> IC				<input checked="" type="checkbox"/>	03	MESA AZ 85202	Submitted	Y1, Y2	
<input type="checkbox"/> IC				<input type="checkbox"/>	01	CITY AZ 86442			
<input type="checkbox"/> IC				<input type="checkbox"/>	02	CITY AZ 86442			
<input type="checkbox"/> IC				<input type="checkbox"/>	01	PHOENIX AZ 85029			

PROVIDER TYPE	PROVIDER ID	PROVIDER(SITE) NAME	CLINIC NPI	SERVICE LOCATION	SERVICE ADDRESS	Save	Cancel
00	000000	New T1P Clinic	0000000000	00	1234 TI ST FLAGSTAFF AZ 86001		

Only the service addresses tied to an 01-group or IC provider ID will automatically populate. If additional PCP sites need to be added for Year 2, click the "Add" button for any additional PCP sites that needs to be added.

The Clinic NPI (not matching the 01-group NPI), Service Address, and Clinic Name must be entered to save the address.

# Milestones Section



## AREA OF CONCENTRATION - YEAR 2

\* Choose Area of Concentration :

ADULT PCP

PEDI PCP

ADULT BH

PEDI BH

JUSTICE

[Edit](#)

AREA OF CONCENTRATION	CLINIC SELECTION	MILESTONE	ELIGIBILITY CRITERIA
Adult Primary Care	<a href="#">Completed</a> <a href="#">Edit</a> <a href="#">View</a>	<a href="#">Incomplete</a> <a href="#">Edit</a> <a href="#">View</a>	<a href="#">Incomplete</a> <a href="#">Edit</a> <a href="#">View</a>
Pediatric Primary Care	<a href="#">Incomplete</a> <a href="#">Edit</a> <a href="#">View</a>	<a href="#">Incomplete</a> <a href="#">Edit</a> <a href="#">View</a>	<a href="#">Incomplete</a> <a href="#">Edit</a> <a href="#">View</a>
Adult Behavioral Health	<a href="#">Incomplete</a> <a href="#">Edit</a> <a href="#">View</a>	<a href="#">Incomplete</a> <a href="#">Edit</a> <a href="#">View</a>	<a href="#">Incomplete</a> <a href="#">Edit</a> <a href="#">View</a>
Pediatric Behavioral Health	<a href="#">Incomplete</a> <a href="#">Edit</a> <a href="#">View</a>	<a href="#">Incomplete</a> <a href="#">Edit</a> <a href="#">View</a>	<a href="#">Incomplete</a> <a href="#">Edit</a> <a href="#">View</a>

NOTE: To select the Clinic Selection, Milestone and Eligibility Criteria, click the "Edit" link under the corresponding heading. To view the selection, click the "View" link. Please select the Clinic Selection before proceeding to Milestone and Eligibility Criteria. The submit button will be enabled only when all the selections are completed.

Submit

Select the *"Edit"* button to begin uploading documentation and submitting attestation for Year 2 Milestones.

**NOTE:** Applicants **must** complete the Clinic Selection before beginning the Milestone section.

## Eligibility 1-3 “Milestones”



## Milestones



## Documents Upload



**Milestone Requirements (Adult Primary Care) – YEAR 2**

Milestone Measurement Period 2  
(October 01, 2023 - September 30, 2024)

**Eligibility 1**  
The Participant attests that all participating clinic details listed on the application page, including the clinic address and NPI, are accurate as of 9/30/2024 or the last day the clinic was open since 10/1/2023 (whichever is later).  
Selecting "Yes" indicates that all details are accurate.  
 Yes  No

**Eligibility 2**  
The Participant attests that all participating clinics under the T2W have implemented the selected processes and procedures to satisfy TI 2.0 eligibility by 10/30/2024.  
Selecting "Yes" indicates that all required eligibility criteria are met.  
Selecting "No" will disqualify the Participant from the TI 2.0 program.  
 Yes  No

**Eligibility 3**  
The Participant attests and submits a new commitment letter that all participating clinics under the T2W will implement an OIR system capable of sending and receiving data from Continuity AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.  
Selecting "Yes" indicates that all requirements for this Care Component Milestone are completed.  
Selecting "No" will disqualify the Participant from the TI 2.0 program.  
 Yes  No

**Milestone 1.1**  
A) The Participant attests that at least one representative attended the TI 2.0 Kickoff Meeting on 2/5/2024.  
 Yes  No

**Milestone 1.2**  
A) The Participant attests to attending both virtual QIC meetings unless determined exempt by AHCCCS; and  
B) The Participant attests to at least one representative has registered for the online learning platform; and  
C) The Participant attests to at least one proposal including the charter process flow, root cause analysis, and RGA, was submitted by the due date and met minimum scoring requirements.  
Selecting "Yes" indicates that all requirements for this Care Component Milestone are completed.  
 Yes  No

**Milestone 2**  
A) The Participant attests to completing the National CLAS Standards implementation checklist with a plan for implementing Standards not yet in place; and  
B) The Participant attests that all participating clinics chosen on the "Clinic Selection" page report and support a primary and linguistically diverse practice team; and  
C) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have implemented CLAS Standards 2-4 by 9/30/2024.  
D) NCCA Participants Only: The Participant attests that the documentation will satisfy the requirements for IIE 1.A and IIE 1.B.  
Selecting "Yes" indicates that all requirements for this Care Component Milestone are completed.  
 Yes  No

**Milestone 3**  
A) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented how the practice educates the member, obtains consent to refer, performs IBSN screening and disease screening results; and  
B) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented how the practice documents emerging and referral results in the practice EHR; and  
C) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have submitted at least one claim to document screening and referral results by 9/30/2024; and  
D) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented how the practice provides data sharing and confidentiality; and  
E) NCCA Participants Only: The Participant attests that the documentation will satisfy the requirements for IIE 2.F and IIE 2.G; and  
F) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented the practice's processes to maintain a registry of community service providers through CommunityCare or another Closed Loop Referral System (CLRS); or  
G) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented the practice's processes to maintain a registry of community service providers through methods other than a CLRS.  
Selecting "Yes" indicates that all requirements for this Care Component Milestone are completed.  
 Yes  No

**Milestone 4**  
A) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have completed a CommunityCare Access Agreement and Onboarding Plan; and  
B) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have been members that can log into CommunityCare; and  
C) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have team member(s) that can update information about practice operations and generate reports; and  
D) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented how the practice uses the CommunityCare or another CLRS to make electronic service referrals to community partners.  
Selecting "Yes" indicates that all requirements for this Care Component Milestone are completed.  
 Yes  No

**Milestone 5**  
A) The Participant attests the Health Equity Collaboration Analysis was submitted to AHCCCS by 9/31/2024; and  
B) NCCA Participants Only: The Participant attests the AHCCCS Health Equity Data Analysis was submitted to AHCCCS by 9/30/2024; and  
C) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented procedures for identifying, analyzing, and maintaining member-selected demographic data for recruitment, primary language, disability status, geography (address), sex assigned at birth, gender identity, and sexual orientation; and  
D) NCCA Participants Only: The Participant attests the documentation submitted to satisfy the requirements for IIE 2.F and IIE 2.G; and  
E) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented procedures for identifying performance or quality incentive measures using clinical data stratified by member demographic and/or health-related social needs.  
F) NCCA Participants Only: The Participant attests the documentation submitted to satisfy the requirements for IIE 6.A and IIE 6.B.  
Selecting "Yes" indicates that all requirements for this Care Component Milestone are completed.  
 Yes  No

**Milestone 6**  
A) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented procedures related to identifying members that have become pregnant or given birth and notifying health plans when the notification of pregnancy or birth was not generated by the health plan; and  
B) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented procedures related to identifying pregnancy and partners for a follow-up medical appointment within 30 days of childbirth; and  
C) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented procedures related to anxiety and depression screening after childbirth; and  
D) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented referral and coordination protocols with AHCCCS health plan, a behavioral health provider, and/or appropriate care managers to document follow-up with caregiver(s) and guardian(s) that screen positive for anxiety and/or depression in accordance with the timeline specified in ACDM1.7.  
Selecting "Yes" indicates that all requirements for this Care Component Milestone are completed.  
 Yes  No

**Attachments**  
Please note: Documents labeled as "Required" are mandatory only if you choose "Yes" for the attestation.  
Type:   
Select file to upload:  No file chosen   
\*\*\* NO SUBMITTED ATTACHMENTS FOUND \*\*\*

Review the Milestone and Eligibility Requirements and attest **Yes** if it applies to your organization or **No** if it is not applicable. If attesting Yes, you must upload all Year 2 application documents that correspond with Milestone Requirements (if applicable).

# Eligibility Milestones Attestations 1-3



# Eligibility 1, 2, & 3

## Targeted Investments Program

### Milestone Requirements (Adult Primary Care ) - YEAR 2

**Milestone Measurement Period 1**  
(October 01, 2023 - September 30, 2024)

#### Eligibility 1

The Participant attests that all participating clinic details listed on the application page, including the clinic address and NPI, are accurate as of 9/30/2024 or the last day the clinic was open since 10/1/2023 (whichever is later).

Selecting 'Yes' indicates that all details are accurate.

Yes  No

#### Eligibility 2

The Participant attests that all participating clinics under the TIN have implemented the selected processes and procedures to satisfy TI 2.0 eligibility by 10/20/2024.

Selecting 'Yes' indicates that all required eligibility criteria are met.  
Selecting 'No' will disqualify the Participant from the TI 2.0 program.

Yes  No

#### Eligibility 3

The Participant attests and submits a [new commitment letter](#) that all participating clinics under the TIN will implement an EHR system capable of sending and receiving data from Contexture AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.  
Selecting 'No' will disqualify the Participant from the TI 2.0 program.

Yes  No Please upload supporting documentation below

Year 2 participants **must** meet Eligibility Requirements to be qualify for Year 2 payment.

Review the Eligibility statements 1, 2, & 3 and select **Yes** or **No**.

# Eligibility 3

## Eligibility 3

The Participant attests and submits a [new commitment letter](#) that all participating clinics under the TIN will implement an EHR system capable of sending and receiving data from Contexture AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.  
Selecting 'No' will disqualify the Participant from the TI 2.0 program.

Yes  No [Please upload supporting documentation below](#)

Attest **Yes** if:

- Organization must submit a signed [EHR Commitment Letter](#)
- By signing the Commitment Letter, the organization's participating clinics under the Tax ID agree to implement an EHR system capable of sending and receiving data from Contexture AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.

Attest **No** if:

- The Eligibility 3 statement does not apply to the organization.
- Attesting "No" will disqualify the organization (Tax ID) from Year 2 of the TI 2.0 program.

# Eligibility 3 (Commitment Letter Upload)

## Eligibility 3

The Participant attests and submits a [new commitment letter](#) that all participating clinics under the TIN will implement an EHR system capable of sending and receiving data from Contexture AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Selecting 'No' will disqualify the Participant from the TI 2.0 program.

Yes  No

Please DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).  
Please note: Documents labeled as 'Required' are mandatory only if you choose 'Yes' for the attestation.

Type: Updated EHR Commitment Letter (Required) ▼

Select file to upload:  No file chosen

Max File Size: 10MB  
Accepted File Types: pdf

\*\*\* NO SUBMITTED ATTACHMENT(S) FOUND \*\*\*

1. Attest **Yes** to Eligibility 3 statement if applicable.
2. Download, review, sign and save the Commitment Letter to your computer.
3. Click the dropdown menu labeled “Type.” Select the option labeled **Updated EHR Commitment Letter (Required)**.
4. Click the “Choose File” button to upload the signed Commitment Letter from your computer.
5. Finalize the process by clicking the “Upload Attachment” button.

# Milestones Attestations



## Eligibility 1

The Participant attests that all participating clinic details listed on the application page, including the clinic address and NPI, are accurate as of 9/30/2024 or the last day the clinic was open since 10/1/2023 (whichever is later).

Selecting "Yes" indicates that all details are accurate.

Yes  No

## Eligibility 2

The Participant attests that all participating clinics under the TIV have implemented the selected processes and procedures to satisfy TI 2.0 eligibility by 10/30/2024.

Selecting "Yes" indicates that all required eligibility criteria are met.

Selecting "No" will disqualify the Participant from the TI 2.0 program.

Yes  No

## Eligibility 3

The Participant attests and submits a new commitment letter that all participating clinics under the TIV will implement an OIR system capable of sending and receiving data from Continuity AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.

Selecting "Yes" indicates that all requirements for this Care Component Milestone are completed.

Selecting "No" will disqualify the Participant from the TI 2.0 program.

Yes  No

## Milestone 1.1

A) The Participant attests that at least one representative attended the TI 2.0 Kickoff Meeting on 2/5/2024.

Yes  No

## Milestone 1.2

- A) The Participant attests to attending both virtual QIC meetings unless determined exempt by AHCCCS; and  
 B) The Participant attests that at least one representative has registered for the online learning platform; and  
 C) The Participant attests that at least one project including the charted process flow, root cause analysis, and RGA) was submitted by the due date and met minimum scoring requirements.

Selecting "Yes" indicates that all requirements for this Care Component Milestone are completed.

Yes  No

## Milestone 2

- A) The Participant attests to completing the National CLAS Standards implementation checklist with a plan for implementing Standards not yet in place; and  
 B) The Participant attests that all participating clinics chosen on the "Clinic Selection" page report and update a culturally and linguistically diverse practice team; and  
 C) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have implemented CLAS Standard 2-4 by 9/30/2024.

Selecting "Yes" indicates that all requirements for this Care Component Milestone are completed.

Yes  No

## Milestone 3

- A) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented how the practice educates the member, obtains consent to refer, performs IBSN screening and disease screening results; and  
 B) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented how the practice documents screening and referral results in the practice EHR; and  
 C) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have submitted at least one claim to document screening and referral details by 9/30/2024; and  
 D) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented how the practice provides care screening and confidentiality; and  
 E) NCCA Participants Only: The Participant attests that the documentation will satisfy the requirements for IIE 2.F and IIE 2.G; and  
 F) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented the practice's processes to maintain a registry of community service providers through CommunityCare or another Closed Loop Referral System (CLRS); and  
 G) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented the practice's processes to maintain a registry of community service providers through methods other than a CLRS.

Selecting "Yes" indicates that all requirements for this Care Component Milestone are completed.

Yes  No

## Milestone 4

- A) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have completed a CommunityCare Access Agreement and Onboarding Plan; and  
 B) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have been members that can log into CommunityCare; and  
 C) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have team member(s) that can update information about practice operations and generate reports; and  
 D) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented how the practice uses the CommunityCare or another CLRS to make electronic service referrals to community partners.

Selecting "Yes" indicates that all requirements for this Care Component Milestone are completed.

Yes  No

## Milestone 5

- A) The Participant attests the Health Equity Collaboration Analysis was submitted to AHCCCS by 9/31/2024; and  
 B) NCCA Participants Only: The Participant attests the AHCCCS Member Data Analysis was submitted to AHCCCS by 9/30/2024; and  
 C) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented how the practice identifies and maintains member-relevant demographic data for recruitment, primary language, disability status, geography (address), sex assigned at birth, gender identity, and sexual orientation; and  
 D) NCCA Participants Only: The Participant attests the documentation submitted to satisfy the requirements for IIE 2.F and IIE 2.G; and  
 E) The Participant attests that all participating clinics chosen on the "Clinic Selection" page provide the patient a registry of community service providers that can meet the identified need including financial health, provider status and currently contracted health plans; and  
 F) NCCA Participants Only: The Participant attests the documentation submitted to satisfy the requirements for IIE 6.A and IIE 6.B.

Selecting "Yes" indicates that all requirements for this Care Component Milestone are completed.

Yes  No

## Milestone 6

- A) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented procedures related to identifying members that have become pregnant or given birth and notifying health plans when the notification of pregnancy or birth was not generated by the health plan; and  
 B) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented procedures related to identifying members that have become pregnant or given birth and notifying health plans when the notification of pregnancy or birth was not generated by the health plan; and  
 C) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented procedures related to anxiety and depression screening after childbirth; and  
 D) The Participant attests that all participating clinics chosen on the "Clinic Selection" page provide the patient a registry of community service providers that can meet the identified need including financial health, provider status and currently contracted health plans; and  
 E) The Participant attests that all participating clinics chosen on the "Clinic Selection" page have documented referral and coordination protocols with AHCCCS health plan, a behavioral health provider, and/or appropriate care managers to document follow-up with caregiver(s) and guardian(s) that screen positive for anxiety and/or depression in accordance with the timelines specified in ACDM4.17.

Selecting "Yes" indicates that all requirements for this Care Component Milestone are completed.

Yes  No

## Attachments

Please DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).  
 Please note: Documents labeled as "Required" are mandatory only if you choose "Yes" for the attestation.

Type:    
 Select file to upload:  No file chosen

Milestones



Begin the Milestones attestations after completing the Eligibility 1-3 attestations.

Use [Milestone documents and Document Validation](#) resources to support this process.

# Document Validation Support Example

## Application

### Milestone 2

A) The Participant attests to completing the National CLAS Standards implementation checklist with a plan for implementing Standards not yet in place; and

B) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page recruit and support a culturally and linguistically diverse practice team; and

C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have implemented CLAS Standards 2-4 by 9/30/2024.

D) NCQA Participants Only: The Participant attests that the documentation will satisfy the requirements for HE 1.A and HE 1.B

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No [Please upload supporting documentation below](#)

# Document Validation

Core Component	Review Criteria
<b>2 - Plan and implement the National Culturally and Linguistically Appropriate Practices (CLAS) Standards</b>	<p><b>M2A. Upload</b> a completed <a href="#">National CLAS Standards implementation checklist</a>, including a plan for implementing CLAS standards that are not yet in place. (i.e., standards for which the practice selected Planning to Implement or Not Planning to Implement at this Time). The plan must include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Organization review of standards 2-13 (2.2 through 2.13),</li> <li><input type="checkbox"/> The timeframe in which the practice aims to implement each standard,</li> <li><input type="checkbox"/> The individual(s) who leading implementation of each standard,</li> <li><input type="checkbox"/> A list of actions the practice is taking to implement each standard, and</li> <li><input type="checkbox"/> A description of additional resources the practice may need to implement each standard and how the practice plans to obtain such resources.</li> </ul>
	<p><b>M2A Naming Convention:</b> M2A CLAS Implementation Checklist and Implementation Plan</p> <p><b>M2B. Upload</b> documentation that demonstrates how the practice recruits and supports a diverse practice team. The documents must include a description of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> How the practice team reflects the diversity of the population the practice serves,</li> <li><input type="checkbox"/> How the practice's current recruiting and hiring processes support diversity,</li> <li><input type="checkbox"/> How the practice promotes diversity among various staff roles (e.g., clinical staff, practice management, clerical),</li> <li><input type="checkbox"/> At least one opportunity to improve diversity throughout the practice (e.g., conducting regular assessments of hiring, retention and workforce demographics) and the practice's plan to act on that opportunity (e.g., promoting mentoring opportunities; building diversity-related performance metrics into management and leadership job descriptions and goals)</li> <li><input type="checkbox"/> How the practice includes information on providing culturally and linguistically appropriate care in staff training materials, and</li> <li><input type="checkbox"/> How the practice offers and incentivizes completion of training (in person or virtual) to all employees on providing culturally and linguistically appropriate care.</li> </ul> <p>Examples for how to improve recruitment of diverse staff include: development of community-based internships; collaboration with local schools, training programs and faith-based organizations; advertisement of job postings through</p>
	<p>minority job fairs, job boards and newsletters; development of job postings that are in multiple languages, use gender neutral language, and that consider lived experience; and updating the hiring process to blind-review resumes.</p>
	<p><b>M2B Naming Convention:</b> M2B Recruiting and Supporting a Diverse Practice Team</p> <p><b>M2C. Attest</b>, through the TI 2.0 Application Portal once available in Fall 2024, that the processes described in 2B (Standards 2-4) have been implemented by 9/30/2024. <b>Participants do not need to upload or provide documentation to validate unless there is a discrepancy.</b></p>
	<p><b>M2D. NCQA ONLY - Upload</b> documentation that the practice expects will satisfy the requirements for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> NCQA HE 1.A (Building a Diverse Staff), detailing: <ul style="list-style-type: none"> <li><input type="checkbox"/> activities completed</li> <li><input type="checkbox"/> activities to be completed</li> <li><input type="checkbox"/> key milestones</li> <li><input type="checkbox"/> key dates for completion</li> </ul> </li> <li><input type="checkbox"/> HE 1.B. (Promoting DEI amongst staff), detailing: <ul style="list-style-type: none"> <li><input type="checkbox"/> activities completed</li> <li><input type="checkbox"/> activities to be completed</li> <li><input type="checkbox"/> key milestones</li> <li><input type="checkbox"/> key dates for completion</li> </ul> </li> </ul> <p>AHCCCS will confirm it meets other milestone elements (at minimum) and provide suggestions for what additional documentation NCQA may be looking for.</p>
	<p><b>M2D Naming Convention:</b> M2D NCQA- HE 1.A and HE1.B</p>

## Document Validation & Year 2 Application

M2A: CLAS Implementation Checklist and Implementation Plan

M2B: Recruiting and Supporting a Diverse Practice Team

M2C: No Documents Required

M2D: NCQA- HE1.A and HE1.B (NCQA Only)

# Milestone 1.1 & 1.2 (QIC)

## **Milestone 1.1**

A) The Participant attests that at least one representative attended the TI 2.0 Kickoff Meeting on 2/5/2024.

Yes  No

## **Milestone 1.2**

- A) The Participant attests to attending both virtual QIC meetings unless determined exempt by AHCCCS; and  
B) The Participant attests at least one representative has registered for the online learning platform; and  
C) The Participant attests at least one project (including the charter, process flow, root cause analysis, and PDSA) was submitted by the due date and met minimum scoring requirements.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No

## **Document Validation & Year 2 Application**

**M1.1:** No Documents Required

**M1.2A, M1.2B, & M1.2C:** No Documents Required

**NOTE:** The QIC Milestone was bifurcated to allow partial credit (5%) for those that attended the [QIC Kickoff meeting](#), only.

### **Tips**

- ✓ A separate document must be uploaded for each required element if attesting "Yes" to the milestone.
- ✓ A single document that satisfies multiple elements can be used, but it will need to be uploaded multiple times per element using the appropriate naming convention.

**Elements = Required Documents**

# Milestone 2 (CLAS)

## **Milestone 2**

- A) The Participant attests to completing the National CLAS Standards implementation checklist with a plan for implementing Standards not yet in place; and
- B) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page recruit and support a culturally and linguistically diverse practice team; and
- C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have implemented CLAS Standards 2-4 by 9/30/2024.
- D) NCQA Participants Only: The Participant attests that the documentation will satisfy the requirements for HE 1.A and HE 1.B

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No Please upload supporting documentation below

## **Document Validation & Year 2 Application**

M2A: CLAS Implementation Checklist and Implementation Plan

M2B: Recruiting and Supporting a Diverse Practice Team

M2C: No Documents Required

M2D: NCQA- HE1.A and HE1.B **(NCQA Only)**

## **Tips**

✔ A separate document must be uploaded for each required element if attesting "Yes" to the milestone.

✔ A single document that satisfies multiple elements can be used, but it will need to be uploaded multiple times per element using the appropriate naming convention.

**Elements = Required Documents**

# Milestone 3 (HRSN Screening and Referrals)

## Milestone 3

- A) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented how the practice educates the member, obtains consent to refer, performs HRSN screening and discusses screening results; and
- B) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented how the practice documents screening and referral results in the practice EHR; and
- C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page has submitted at least one claim to document screening and referral details by 9/30/2024; and
- D) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented how the practice protects data sharing and confidentiality; and
- E) NCQA Participants Only: The Participant attests that the documentation will satisfy the requirements for HE 2.F and HE2.G; and either:
  - F) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented the practice's processes to maintain a registry of community service providers through CommunityCares or another Closed Loop Referral System (CLRS); or
  - G) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented the practice's processes to maintain a registry of community service providers through methods other than a CLRS.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No [Please upload supporting documentation below](#)

## Document Validation & Year 2 Application

M3A: HRSN Screening Tool and Screening Process

M3B: Screening and Referral Documentation Process

M3C: Proof of Claim with G Code

M3D: Data Sharing and Confidentiality

M3E: NCQA- HE2.F and HE2.G (**NCQA Only**)

M3F: Signed CommunityCares Access Agreement CLRS and Attestation (AKA: Signed CLRS SOW and Attestation)

M3G: CBO Registry and Maintenance Processes

## Tips

- ✔ A separate document must be uploaded for each required element if attesting "Yes" to the milestone.
- ✔ A single document that satisfies multiple elements can be used, but it will need to be uploaded multiple times per element using the appropriate naming convention.

**Elements = Required Documents**

# Milestone 4 (Electronic Closed Loop Referral System)

## Milestone 4

- A) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have completed a CommunityCares Access Agreement and Onboarding Plan; and
- B) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have team member(s) that can log into CommunityCares; and
- C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have team member(s) that can update information about practice operations and generate reports; and
- D) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented how the practices uses the CommunityCares or another CLRS to make electronic service referrals to community partners.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No Please upload supporting documentation below

## Document Validation & Year 2 Application (Only Required if Attesting Yes)

- M4A: CommunityCares Access Agreement and Onboarding Plan
- M4B: Signed Attestation of Staff Access
- M4C: CommunityCares Administrative Processes
- M4D: Electronic Referral Processes

### Tips

- ✔ A separate document must be uploaded for each required element if attesting "Yes" to the milestone.
- ✔ A single document that satisfies multiple elements can be used, but it will need to be uploaded multiple times per element using the appropriate naming convention.

**Elements = Required Documents**

# Milestone 5 (Health Equity)

## Milestone 5

- A) The Participant attests the Health Equity Collaboration Analysis was submitted to AHCCCS by 8/31/2024; and
- B) NCQA Participants Only: The Participant attests the AHCCCS Modified NCQA Gap Analysis was submitted to AHCCCS by 9/30/2024; and
- C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented processes for collecting, documenting, and maintaining member-reported demographic data for race/ethnicity, primary language, disability status, geography (address), sex assigned at birth, gender identity, and sexual orientation; and
- D) NCQA Participants Only: The Participant attests the documentation expected to satisfy the requirements for HE 2.F and HE 2.G; and
- E) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have processes and procedures for stratifying performance on quality incentive measures using clinical data stratified by member demographics and/or health related social needs.
- F) NCQA Participants Only: The Participant attests the documentation expected to satisfy the requirements for HE 6.A and HE 6.B.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No

## Document Validation & Year 2 Application

M5A: No Documents Required

M5B: No Documents Required

M5C: Member Demographic Processes

M5D: NCQA HE 2.A, HE 2.B-1, HE 2.C-1, HE 2.D, HE 2.E (**NCQA Only**)

M5E: Measure Stratification Processes

M5F: NCQA HE 6.A and HE 6.B (**NCQA Only**)

### Tips

- ✓ A separate document must be uploaded for each required element if attesting "Yes" to the milestone.
- ✓ A single document that satisfies multiple elements can be used, but it will need to be uploaded multiple times per element using the appropriate naming convention.

**Elements = Required Documents**

# Adult Primary Care - Only

## Milestone 6 (New Caregiver BH Screening)

### Milestone 6

- A) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented procedures related to identifying members that have become pregnant or given birth and notifying health plans when the notification of pregnancy or birth was not generated by the health plan; and
- B) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented processes related to engaging caregiver(s) and guardian(s) for a follow-up medical appointment within 84 days of childbirth; and
- C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented procedures related to anxiety and depression screening after childbirth; and
- D) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page provide the patient a registry of behavioral health providers that can meet the identified need including Perinatal Mental Health certification status and currently contracted health plans; and
- E) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented referral and coordination protocols with AHCCCS Health Plans, a behavioral health provider, and/or appropriate care managers to document follow-up with caregiver(s) and guardian(s) that screen positive for anxiety and/or depression in accordance with the timelines specified in ACOM417.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No

### Document Validation & Year 2 Application

M6A: Pregnancy and Delivery Communication Processes

M6B: Pregnancy and Delivery Engagement Processes

M6C: MH Screening of New Caregivers

M6D: BH Registry and Maintenance Process

M6E: MH Referral and Coordination Protocols

### Tips

- ✓ A separate document must be uploaded for each required element if attesting "Yes" to the milestone.
- ✓ A single document that satisfies multiple elements can be used, but it will need to be uploaded multiple times per element using the appropriate naming convention.

**Elements = Required Documents**

# Peds Primary Care - Only

## Milestone 6 (New Caregiver BH Screening)

### **Milestone 6**

- A) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have at least one qualified provider, consistent with AMPM410, responsible for placing dental fluoride varnish at time of visit at each clinic; and
- B) The provider(s) placing dental fluoride varnish are adequately trained; and
- C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documentation of the position responsible for placing dental fluoride varnish, including: documenting the member's decision to receive the service at time of well-visit, educating the member and present guardian(s) about the importance of oral health, documenting the member's dentist and/or referred dentist in the member's EHR, and documenting the member's last dental visit, per the member's memory, in the member's EHR; and
- D) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented processes to follow up with the dentist and/or patient to confirm the follow up dental service was scheduled and completed within 6 months if the member does not recall a dental visit in the past 12 months.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No Please upload supporting documentation below

### **Document Validation & Year 2 Application**

M6A: Qualified Provider List

M6B: Evidence of Provider Training

M6C: Dental Varnish Application Processes

M6D: Dental Provider Referral Processes

### **Tips**

- ✓ A separate document must be uploaded for each required element if attesting "Yes" to the milestone.
- ✓ A single document that satisfies multiple elements can be used, but it will need to be uploaded multiple times per element using the appropriate naming convention.

**Elements = Required Documents**

# Peds Primary Care - Only Milestone 7 (Dental Varnish)

## Milestone 7

A) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented processes related to screening present caregiver(s) and guardian(s) for anxiety and depression; and

B) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page provide the patient a registry of behavioral health providers that can meet the identified need including Perinatal Mental Health certification status and currently contracted health plans; and

C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented protocols with AHCCCS Health Plans (when the caregiver is an AHCCCS member), behavioral health providers, care managers, and/or appropriate case managers to document follow up with caregiver(s) and guardian(s) that screen positive for anxiety and/or depression in accordance with the timelines specified in ACOM417.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No Please upload supporting documentation below

## Document Validation & Year 2 Application

M7A: MH Screening of New Caregivers

M7B: MH Registry and Maintenance Process

M7C: Care Coordination and Referral for MH services

### Tips

✓ A separate document must be uploaded for each required element if attesting "Yes" to the milestone.

✓ A single document that satisfies multiple elements can be used, but it will need to be uploaded multiple times per element using the appropriate naming convention.

**Elements = Required Documents**

# Adult Behavioral Health - Only

## Milestone 6 (Caregiver Screening and PMH-C)

### Milestone 6

- A) The Participant attests that at least one licensed behavioral health provider or prescriber per 5 clinics (or 1 per 100 pregnant members if less than 5 clinics) has completed the Postpartum Support International Perinatal Mental Health Certification (PMH-C) training by 9/30/2024 and expects to pass the exam by 10/31/2024 OR, when less than three participating clinics, has documented processes to coordinate referrals with an external provider that has earned the certification; and
- B) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented communication and care management protocols with a list of external provider organizations; and
- C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented protocols that describe how referrals will be received, scheduled with a provider with PMH-C when applicable, and coordinated; and
- D) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented processes related to engaging caregiver(s) and guardian(s) for a follow-up medical and behavioral health appointment within 84 days of childbirth; and
- E) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented procedures related to identifying members that have become pregnant or given birth and notifying health plans when the notification of pregnancy or birth was not generated by the health plan; and
- F) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented procedures related to anxiety and depression screening after childbirth.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No Please upload supporting documentation below

## Document Validation & Year 2 Application

M6A: Evidence of PSI PMH-C Training

M6B: Provider Partners for Care Management

M6C: Care Management Protocols

M6D: Pregnancy and Delivery Communication Processes

M6E: Follow Up Engagement

M6F: MH Screening of New Caregivers

### Tips

- ✓ A separate document must be uploaded for each required element if attesting "Yes" to the milestone.
- ✓ A single document that satisfies multiple elements can be used, but it will need to be uploaded multiple times per element using the appropriate naming convention.

**Elements = Required Documents**

# Justice - Only

## Milestone 6 (Tobacco Cessation)

### Milestone 6

- A) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have at least one tobacco cessation champion that serves the justice clinic; and
- B) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented processes for information-sharing between staff trained in tobacco cessation counseling and the justice clinic's tobacco cessation champion; and
- C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented how the clinic offers evidence-based tobacco counseling and treatment to members and informing other reentry coordinators

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No Please upload supporting documentation below

## Document Validation & Year 2 Application

M6A: No Documents Required

M6B: Internal Tobacco Cessation Communication Processes

M6C: Offering Tobacco Cessation and External Coordination Processes

### Tips

- ✓ A separate document must be uploaded for each required element if attesting "Yes" to the milestone.
- ✓ A single document that satisfies multiple elements can be used, but it will need to be uploaded multiple times per element using the appropriate naming convention.

**Elements = Required Documents**

# Justice - Only

## Milestone 7 (Coordinating Early Reach-In)

### Milestone 7

- A) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented processes for coordinating engagement of individuals in jail between their 10th and 20th day of incarceration and/or in prison between their 30th and 45th day prior to release from prison or day of release (whichever is sooner) and/or the same day the referral is received as preferred by your justice partner(s); and
- B) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented processes for sharing relevant health information with the MCO justice liaisons and Justice Transition Planner by the 19th day of incarceration in jail or 30th day prior to release from prison (when the referral is received prior to then) or within 5 days the clinic received the referral.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No [Please upload supporting documentation below](#)

### Document Validation & Year 2 Application

M7A: Reentry Coordination Protocols

M7B: PHI Sharing Protocols

**NOTE:** All participants will get credit for this milestone in Year 2. Attest "Yes" and upload placeholder documents to satisfy the document validation requirements.

### Tips

- ✓ A separate document must be uploaded for each required element if attesting "Yes" to the milestone.
- ✓ A single document that satisfies multiple elements can be used, but it will need to be uploaded multiple times per element using the appropriate naming convention.

**Elements = Required Documents**

# Peds Behavioral Health - Only Milestones

## Milestone 1.1

A) The Participant attests that at least one representative attended the TI 2.0 Kickoff Meeting on 2/5/2024.

Yes  No

## Milestone 1.2

A) The Participant attests to attending both virtual QIC meetings unless determined exempt by AHCCCS; and  
B) The Participant attests that at least one representative has registered for the online learning platform; and  
C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have implemented CLAS Standards 2-4 by 9/30/2024.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No

## Milestone 2

A) The Participant attests to completing the National CLAS Standards Implementation checklist with a plan for implementing Standards not yet in place; and  
B) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page recruit and support a culturally and linguistically diverse practice team; and  
C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have implemented CLAS Standards 2-4 by 9/30/2024.  
D) NCQA Participants Only: The Participant attests that the documentation will satisfy the requirements for HE 1.A and HE 1.B.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No

## Milestone 3

A) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented how the practice educates the member, obtains consent to refer, performs HRSN screening and discusses screening results; and  
B) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented how the practice documents screening and referral results in the practice EHR; and  
C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page has submitted at least one claim to document screening and referral details by 9/30/2024; and  
D) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented how the practice protects data sharing and confidentiality; and  
E) NCQA Participants Only: The Participant attests that the documentation will satisfy the requirements for HE 2.F and HE2.G; and either:  
F) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented the practice's processes to maintain a registry of community service providers through CommunityCares or another Closed Loop Referral System (CLRS); or  
G) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented the practice's processes to maintain a registry of community service providers through methods other than a CLRS.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No

## Milestone 4

A) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have completed a CommunityCares Access Agreement and Onboarding Plan; and  
B) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have team member(s) that can log into CommunityCares; and  
C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have team member(s) that can update information about practice operations and generate reports; and  
D) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented how the practices uses the CommunityCares or another CLRS to make electronic service referrals to community partners.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No

## Milestone 5

A) The Participant attests the Health Equity Collaboration Analysis was submitted to AHCCCS by 8/31/2024; and  
B) NCQA Participants Only: The Participant attests the AHCCCS Modified NCQA Gap Analysis was submitted to AHCCCS by 9/30/2024; and  
C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have documented processes for collecting, documenting, and maintaining member-reported demographic data for race/ethnicity, primary language, disability status, geography (address), sex assigned at birth, gender identity, and sexual orientation; and  
D) NCQA Participants Only: The Participant attests the documentation expected to satisfy the requirements for HE 2.F and HE 2.G; and  
E) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page have processes and procedures for stratifying performance on quality incentive measures using clinical data stratified by member demographics and/or health related social needs.  
F) NCQA Participants Only: The Participant attests the documentation expected to satisfy the requirements for HE 6.A and HE 6.B.

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are completed.

Yes  No

## Document Validation & Year 2 Application

Peds BH participants will only attest and upload documents for Milestones 1.1, 1.2, 2, 3, 4, 5 & optional NCQA Documentation.

## Tips

✓ A separate document must be uploaded for each required element if attesting "Yes" to the milestone.

✓ A single document that satisfies multiple elements can be used, but it will need to be uploaded multiple times per element using the appropriate naming convention.

**Elements = Documents Required**

# Milestone Section Documents Upload



Yes  No

**Milestone 5**

A) The Participant attests that the Health Equity Collaboration Analysis was submitted to AHCCCS  
 B) NCQA Participants Only: The Participant attests the AHCCCS Modified NCQA Gap Analysis  
 C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 D) NCQA Participants Only: The Participant attests the documentation expected to satisfy th  
 E) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 F) NCQA Participants Only: The Participant attests the documentation expected to satisfy the

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are comple

Yes  No

**Milestone 6**

A) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 B) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 C) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 D) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page p  
 E) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 F) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 G) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 H) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 I) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 J) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 K) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 L) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 M) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 N) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 O) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 P) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 Q) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 R) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 S) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 T) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 U) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 V) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 W) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 X) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 Y) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h  
 Z) The Participant attests that all participating clinics chosen on the 'Clinic Selection' page h

Selecting 'Yes' indicates that all requirements for this Core Component Milestone are comple

Yes  No

**Attachments**

Please DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII). Please note: Documents labeled as 'Required' are mandatory only if you choose to upload documents for this application.

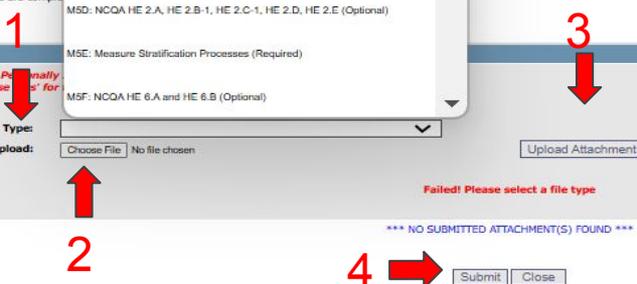
Type:

Select file to upload:  No file chosen

Failed! Please select a file type

\*\*\* NO SUBMITTED ATTACHMENT(S) FOUND \*\*\*

Max File Size: 10  
Accepted File Types:



## Document Upload

1. Click on the dropdown menu labeled “Type”
2. Upload the signed form by clicking on “Choose File.”
3. Once the file is added, click the “Upload Attachment” to add to the application.
4. Click the “Submit” button to proceed to the next page.

**NOTE:** Remember to match the Document Validation naming conventions with the matching drop down menu options. 52

# Eligibility Criteria Section



# Eligibility Criteria

## AREA OF CONCENTRATION – YEAR 2

\* Choose Area of Concentration :

ADULT PCP  PEDI PCP  ADULT BH  PEDI BH  JUSTICE

[Edit](#)

AREA OF CONCENTRATION	CLINIC SELECTION			MILESTONE			ELIGIBILITY CRITERIA		
Adult Primary Care	Completed	<a href="#">Edit</a>	<a href="#">View</a>	Completed	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Pediatric Primary Care	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Adult Behavioral Health	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>
Pediatric Behavioral Health	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>	Incomplete	<a href="#">Edit</a>	<a href="#">View</a>

NOTE: To select the Clinic Selection, Milestone and Eligibility Criteria, click the "Edit" link under the corresponding heading. To view the selection, click the "View" link. Please select the Clinic Selection before proceeding to Milestone and Eligibility Criteria. The submit button will be enabled only when all the selections are completed.

**Most people will NOT complete the Eligibility Criteria section in full.**

Review the checklist on **pages 55 and 56** to determine if your organization needs to complete the Eligibility Criteria section in full or if you will bypass this section.

# Proceed to the Eligibility Criteria section if one or more of the following applies:

- ❑ Your organization implemented different Year 1 Process Requirements compared to the Process Requirements that were submitted in the Year 1 TI 2.0 Application.
- ❑ Your organization has not submitted a Year 1 application through the AHCCCS Online TI 2.0 Portal.
- ❑ Your organization is adding a new TI 2.0 project in Year 2. For example, if your organization was participating in Primary Care *only* during Year 1 and will be adding Behavioral Health (Adult BH/Peds BH) for Year 2.

# Bypass the Eligibility Criteria section and proceed to submitting the entire application if the following applies:

- ❑ Your organization will not make changes to Year 1 application Process Requirements.
- ❑ Your organization successfully implemented Year 1 application Process Requirements through Year 2 (10/20/2024).

Year 1 Eligibility Criteria will carryover from the Year 1 Application. Click the “*Submit*” button at the bottom of the page to move to the final process of the application.

**NOTE:** Documents and Attestations will carry over. Only make changes if you discussed with the TI Team.

# Eligibility Criteria - No Changes

Eligibility Criteria 1

The screenshot displays the 'Targeted Investments Program' application form. The top section, 'Eligibility Requirements (Adult Primary Care) - WJAF 2', includes a 'Minimum Measurement Period 2 (October 01, 2022 - September 30, 2024)'. Below this are seven 'Eligibility Criteria' sections, each with a description and radio buttons for 'Yes' or 'No'. A red box highlights the entire 'Eligibility Criteria' section, with a red arrow pointing to the 'Eligibility Criteria 1' label. The bottom section, 'Attach Summary', contains a 'Name' dropdown menu, a 'Select file to upload' button, a 'Choose file' button, and a 'Upload Attachment' button. A red box highlights this section, with a red arrow pointing to the 'Document Upload 2' label. At the bottom right, a 'Submit' button is highlighted with a red box and a red arrow pointing to the '3' label.

Document Upload 2

3

1. If no changes are needed to the Eligibility Criteria Section, **do not change the Attestations.**
2. If no changes are needed to the Eligibility Criteria Section, **do not upload new Documents.** Year 1 Application attestations and documents will carryover.
3. Click the “*Submit*” button to proceed to the next page.

# Eligibility Criteria - Making Changes

Year 2 Application

TI 2.0 WEBSITE

Review each Eligibility Criteria

Select "Yes" Or "No"

Upload supporting documentation

Select Year 1 Application Resources



Review Year 1 Application Process Requirements

Determine which Year 1 Process Requirements your organization implemented by 10/20/2024.

1. Review the Eligibility Criteria and attest **“Yes”** if the Eligibility Criteria applies to your organization or **“No”** if the Eligibility Criteria is not applicable. The criteria should correspond with the Year 1 Process Requirements included in the [Application Summary](#) for a specific area of concentration.
2. Upload application documents that correspond with Year 1 Process Requirements included in the [Application Summary](#) for the area of concentration.
3. Once all attestations and documents are included, click the **“Submit”** button to proceed to the next page.

**NOTE:** Organizations can change Year 1 Application Process Requirements selections, but they are required to submit documentation.

# Example Pediatric Behavioral Health

## Year 2 Application

Eligibility Requirements (Pediatric Behavioral Health) - YEAR 2

Milestone Measurement Period 1  
(October 01, 2023 - September 30, 2024)

Eligibility Criteria 1

The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination whole person care screening and referrals, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.

Selecting "Yes" indicates that all required eligibility criteria are met.

Yes  No Please upload supporting documentation below

1

## Eligibility Criteria 1

### Upload Documents:

- 1.1 HRSN Screening Procedures (Eligibility Criteria #1)
- 1.2 Care Coordination (Eligibility Criteria #1)

## Year 1 Application Summary

AHCCCS  
Arizona Health Care Cost Containment System

PEDIATRIC BEHAVIORAL HEALTH  
AHCCCS Targeted Investments 2.0 Program  
Application Summary

Provider Type: Outpatient Behavioral Health  
Project: Pediatric

### Pediatric Behavioral Health Process Requirements & Supporting Document Elements

1. PROCESS REQUIREMENT: Procedures for screening all members for health-related social needs (HRSN) and other conditions affecting whole person health, and coordinating referrals and engagement with other providers serving that member or available to provide needed services to members, including communication protocols with accessible resources to ensure effective care coordination to meet members' comprehensive health needs.

1.1 Uploaded HRSN screening procedures must:

- A) Include a blank copy of the screening tool or clinical assessment that includes all 8 domains: housing instability, food insecurity, unreliable transportation, interpersonal safety, utility assistance, employment instability, justice/legal involvement, and social isolation/support.
- B) Identify when (during the appointment, how often) HRSN screening occurs.
- C) Identify who administers the HRSN screening.
- D) Specify where screening results and the member's desire to be referred are documented
- E) Explain how the appropriate community service providers are, or will be, identified (e.g., using CommunityCares, maintaining an Excel sheet).
- F) Explain how community service referrals are sent.
- G) Explain how the community service provider registry is kept up to date for housing instability, food insecurity, transportation (e.g., maintaining an Excel sheet). Use of CommunityCares automatically satisfies this criterion.

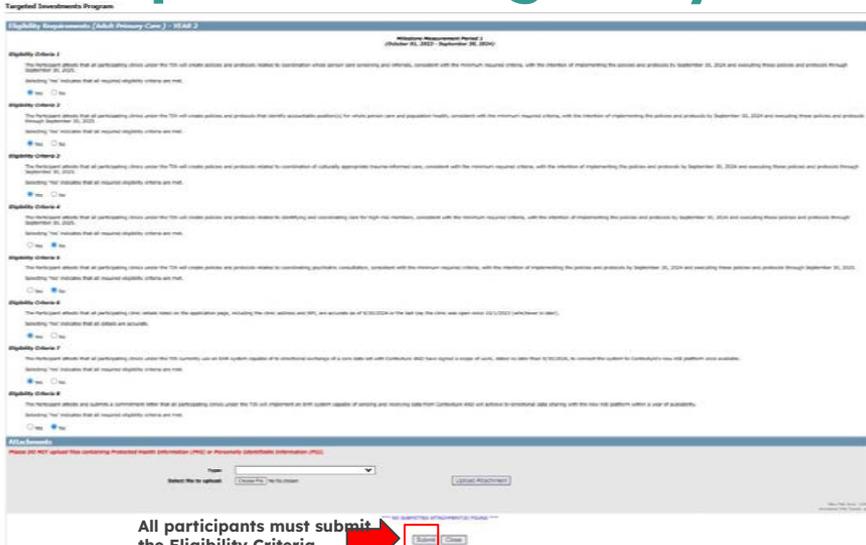
1.2 Uploaded care coordination protocols must:

- A) Explain how members acute (primary care) and behavioral healthcare needs are identified.
- B) Explain how the organization coordinates referrals and treatment with internal and/or external healthcare providers.
- C) Explain how the organization coordinates follow-up with the member after discharge from hospital (e.g. use of HIE ADT alerts).

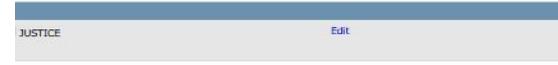
## Making Year 1 Changes Example

1. If you Attest "Yes" - Upload documents (See above 1.1 and 1.2). If you Attest "No" - Do not upload documents. Review the Year 1 Application Summary for details.
2. Add documents for **2 out of 3 Peds BH Process Requirements & EHR Requirement.**

# Complete the Eligibility Criteria Section - All Participants



All participants must submit the Eligibility Criteria Section even if you are not making changes.



ie selection, click the "view" link.



This indicator must be present for each section per area of concentration before moving on to the final phase of the application process.

The AHCCCS Online Year 2 Application portal requires that all 3 main application sections (Clinic Selection, Milestones, & Eligibility Criteria) are submitted prior to moving onto the final stages of the application process. A blue indicator labeled **Completed** will be displayed on submitted sections. Once the 3 main sections are complete, you can proceed to final stages of submitting the entire application.

# Eligibility Criteria Section Instructions per Area of Concentration



# Adult Primary Care

- **Eligibility Criteria 1**
  - The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination whole person care screening and referrals, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
  - **Upload Documents:**
    - 1.1 HRSN Screening Procedures (Eligibility Criteria #1)
    - 1.2 Care Coordination Protocols (Eligibility Criteria #1)
- **Eligibility Criteria 2**
  - The Participant attests that all participating clinics under the TIN will create policies and protocols that identify accountable position(s) for whole person care and population health, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
  - **Upload Documents:**
    - 2.1 Job Description(s) (Eligibility Criteria #2)
    - 2.2 Initiative Coordinations Protocol(s) (Eligibility Criteria #2)
- **Eligibility Criteria 3**
  - The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination of culturally appropriate trauma-informed care, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
  - **Upload Documents:**
    - 3.1 Trauma Informed Care Protocol(s) (Eligibility Criteria #3)
    - 3.2 Training Documentation (Eligibility Criteria #3)
- **Eligibility Criteria 4**
  - The Participant attests that all participating clinics under the TIN will create policies and protocols related to identifying and coordinating care for high-risk members, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
  - **Upload Documents:**
    - 4.1 High-Risk Registry Procedure(s) (Eligibility Criteria #4)
    - 4.2 High-Risk Care Coordination Procedure(s) (Eligibility Criteria #4)

# Adult Primary Care

- **Eligibility Criteria 5**
  - The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordinating psychiatric consultation, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
  - **Upload Documents:**
    - 5.1 Behavioral Health Consultation Policy (Eligibility Criteria #5)
    - 5.2 Uploaded Referral and Collaboration Protocol(s) (Eligibility Criteria #5)
- **Eligibility Criteria 6**
  - The Participant attests that all participating clinic details listed on the application page, including the clinic address and NPI, are accurate as of 9/30/2024 or the last day the clinic was open since 10/1/2023 (whichever is later).
- **Eligibility Criteria 7**
  - The Participant attests that all participating clinics under the TIN currently use an EHR system capable of bi-directional exchange of a core data set with Contexture AND have signed a scope of work, dated no later than 9/30/2024, to connect the system to Contexture's new HIE platform once available.
  - **Upload Documents:**
    - HIE Scope of Work (Eligibility Criteria #7)
- **Eligibility Criteria 8**
  - The Participant attests and submits a commitment letter that all participating clinics under the TIN will implement an EHR system capable of sending and receiving data from Contexture AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.
  - **Upload Documents:**
    - EHR Commitment Letter (Eligibility Criteria #8)

# Peds Primary Care

- **Eligibility Criteria 1**
  - The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination whole person care screening and referrals, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
  - **Upload Documents:**
    - 1.1 HRSN Screening Procedures (Eligibility Criteria #1)
    - 1.2 Care Coordination Protocols (Eligibility Criteria #1)
- **Eligibility Criteria 2**
  - The Participant attests that all participating clinics under the TIN will create policies and protocols that identify accountable position(s) for whole person care and population health, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
  - **Upload Documents:**
    - 2.1 Job Description(s) (Eligibility Criteria #2)
    - 2.2 Initiative Coordinations Protocol(s) (Eligibility Criteria #2)
- **Eligibility Criteria 3**
  - The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination of culturally appropriate trauma-informed care, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
  - **Upload Documents:**
    - 3.1 Trauma Informed Care Protocol(s) (Eligibility Criteria #3)
    - 3.2 Training Documentation (Eligibility Criteria #3)
- **Eligibility Criteria 4**
  - The Participant attests that all participating clinics under the TIN will create policies and protocols related to identifying and coordinating care for high-risk members, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
  - **Upload Documents:**
    - 4.1 High-Risk Registry Procedure(s) (Eligibility Criteria #4)
    - 4.2 High-Risk Care Coordination Procedure(s) (Eligibility Criteria #4)

# Peds Primary Care

- **Eligibility Criteria 5**
  - The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordinating psychiatric consultation, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
  - **Upload Documents:**
    - 5.1 Behavioral Health Consultation Policy (Eligibility Criteria #5)
    - 5.2 Uploaded Referral and Collaboration Protocol(s) (Eligibility Criteria #5)
- **Eligibility Criteria 6**
  - The Participant attests that all participating clinic details listed on the application page, including the clinic address and NPI, are accurate as of 9/30/2024 or the last day the clinic was open since 10/1/2023 (whichever is later).
- **Eligibility Criteria 7**
  - The Participant attests that all participating clinics under the TIN currently use an EHR system capable of bi-directional exchange of a core data set with Contexture AND have signed a scope of work, dated no later than 9/30/2024, to connect the system to Contexture's new HIE platform once available.
  - **Upload Documents:**
    - HIE Scope of Work (Eligibility Criteria #7)
- **Eligibility Criteria 8**
  - The Participant attests and submits a commitment letter that all participating clinics under the TIN will implement an EHR system capable of sending and receiving data from Contexture AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.
  - **Upload Documents:**
    - EHR Commitment Letter (Eligibility Criteria #8)

# Adult Behavioral Health

- **Eligibility Criteria 1**

- The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination whole person care screening and referrals, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
- **Upload Documents:**
  - 1.1 HRSN Screening Procedures (Eligibility Criteria #1)
  - 1.2 Care Coordination (Eligibility Criteria #1)

- **Eligibility Criteria 2**

- The Participant attests that all participating clinics under the TIN will create policies and protocols that identify accountable position(s) for whole person care and population health, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
- **Upload Documents:**
  - 2.1 Job Description(s) (Eligibility Criteria #2)
  - 2.2 Initiative Coordinations Protocol(s) (Eligibility Criteria #2)

- **Eligibility Criteria 3**

- The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination of culturally appropriate trauma-informed care, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
- **Upload Documents:**
  - 3.1 Job Trauma Informed Care Protocol(s) (Eligibility Criteria #3)
  - 3.2 Training Documentation (Eligibility Criteria #3)

# Adult Behavioral Health

- **Eligibility Criteria 4**
  - The Participant attests that all participating clinic details listed on the application page, including the clinic address and NPI, are accurate as of 9/30/2024 or the last day the clinic was open since 10/1/2023 (whichever is later).
- **Eligibility Criteria 5**
  - The Participant attests that all participating clinics under the TIN currently use an EHR system capable of bi-directional exchange of a core data set with Contexture AND have signed a scope of work, dated no later than 9/30/2024, to connect the system to Contexture's new HIE platform once available.
  - **Upload Documents:**
    - HIE Scope of Work (Eligibility Criteria #5)
- **Eligibility Criteria 6**
  - The Participant attests and submits a commitment letter that all participating clinics under the TIN will implement an EHR system capable of sending and receiving data from Contexture AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.
  - **Upload Documents:**
    - EHR Commitment Letter (Eligibility Criteria #6)

# Pediatric Behavioral Health

- **Eligibility Criteria 1**

- The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination whole person care screening and referrals, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
- **Upload Documents:**
  - 1.1 HRSN Screening Procedures (Eligibility Criteria #1)
  - 1.2 Care Coordination (Eligibility Criteria #1)

- **Eligibility Criteria 2**

- The Participant attests that all participating clinics under the TIN will create policies and protocols that identify accountable position(s) for whole person care and population health, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
- **Upload Documents:**
  - 2.1 Job Description(s) (Eligibility Criteria #2)
  - 2.2 Initiative Coordinations Protocol(s) (Eligibility Criteria #2)

- **Eligibility Criteria 3**

- The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination of culturally appropriate trauma-informed care, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
- **Upload Documents:**
  - 3.1 Job Trauma Informed Care Protocol(s) (Eligibility Criteria #3)
  - 3.2 Training Documentation (Eligibility Criteria #3)

# Pediatric Behavioral Health

- **Eligibility Criteria 4** **Participant must select yes to submit the application.**
  - The Participant attests that all participating clinic details listed on the application page, including the clinic address and NPI, are accurate as of 9/30/2024 or the last day the clinic was open since 10/1/2023 (whichever is later).
- **Eligibility Criteria 5**
  - The Participant attests that all participating clinics under the TIN currently use an EHR system capable of bi-directional exchange of a core data set with Contexture AND have signed a scope of work, dated no later than 9/30/2024, to connect the system to Contexture's new HIE platform once available.
  - **Upload Documents:**
    - HIE Scope of Work (Eligibility Criteria #5)
- **Eligibility Criteria 6**
  - The Participant attests and submits a commitment letter that all participating clinics under the TIN will implement an EHR system capable of sending and receiving data from Contexture AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.
  - **Upload Documents:**
    - EHR Commitment Letter (Eligibility Criteria #6)

# Justice

- **Eligibility Criteria 1**
  - The Participant attests that the participating clinics and their justice partner(s) co-developed the implementation plan outlined in the commitment letter AND, if selected as a TIP 2.0 Justice Participant, will demonstrate good-faith to implement these plans as specified.
  - **Upload Document:** Justice Commitment Letter (Eligibility Criteria #1)
    - **NOTE:** The number of 'commitment letters' uploaded should match the number of clinics selected on the Clinic Selection page.
- **Eligibility Criteria 2**
  - The Participant attests that the participating clinics has established, contracts or a FFS referral/coordination process with all AHCCCS Complete Care (ACC) Health Plans serving the clinic's GSA by 9/30/2024. Selecting 'No' without good faith effort to achieve this requirement may disqualify the clinic(s) from participating in the TI 2.0 Justice program.
- **Eligibility Criteria 3**
  - The Participant attests that all participating clinic details listed on the application page, including the clinic address and NPI, are accurate as of 9/30/2024 or the last day the clinic was open since 10/1/2023 (whichever is later).
- **Eligibility Criteria 4**
  - The Participant attests that all participating clinics under the TIN currently use an EHR system capable of bi-directional exchange of a core data set with Contexture AND have signed a scope of work, dated no later than 9/30/2024, to connect the system to Contexture's new HIE platform once available.
  - **Upload Document:** HIE Scope of Work (Eligibility Criteria #4)
- **Eligibility Criteria 5**
  - The Participant attests and submits a commitment letter that all participating clinics under the TIN will implement an EHR system capable of sending and receiving data from Contexture AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.
  - **Upload Document:** EHR Commitment Letter (Eligibility Criteria #5)

# Completed Application Visuals



\* Choose Area of Concentration :

 ADULT PCP
  PEDI PCP
  ADULT BH
  PEDI BH
  JUSTICE
[Edit](#)

AREA OF CONCENTRATION	CLINIC SELECTION	MILESTONE	ELIGIBILITY CRITERIA
Pediatric Behavioral Health	Completed <a href="#">Edit</a> <a href="#">View</a>	Completed <a href="#">Edit</a> <a href="#">View</a>	Completed <a href="#">Edit</a> <a href="#">View</a>
Adults Transitioning from the Criminal Justice System	Completed <a href="#">Edit</a> <a href="#">View</a>	Completed <a href="#">Edit</a> <a href="#">View</a>	Completed <a href="#">Edit</a> <a href="#">View</a>

NOTE: To select the Clinic Selection, Milestone and Eligibility Criteria, click the "Edit" link under the corresponding heading. To view the selection, click the "View" link. Please select the Clinic Selection before proceeding to Milestone and Eligibility Criteria. The submit button will be enabled only when all the selections are completed.



**If You do not  
click this button  
your application  
will **NOT** be  
submitted.**

1. Complete the Clinic Selection, Milestone, and Eligibility Criteria for each Area(s) of Concentration by submitting all sections. All sections must show a blue **Completed** indicator.
2. Review previously completed sections by clicking on the "View" button. Use this function to confirm that all attestations, documents and selected clinics are correct.
3. Repeat the process of completing the Clinical Selection, Milestone Section, and Eligibility Criteria for each Area of Concentration.
4. Click the "**Submit**" button at the bottom of the main application page to complete the entire Year 2 application process.

**NOTE:** Remember to review each section for any errors before clicking the "**Submit**" button.

# Complete Application View

AREA OF CONCENTRATION - YEAR 2

\* Choose Area of Concentration :  ADULT PCP  PEDI PCP  ADULT BH  PEDI BH  JUSTICE

AREA OF CONCENTRATION	CLINIC SELECTION	MILESTONE	ELIGIBILITY CRITERIA
Pediatric Behavioral Health	Completed <a href="#">View</a>	Completed <a href="#">View</a>	Completed <a href="#">View</a>
Adults Transitioning from the Criminal Justice System	Completed <a href="#">View</a>	Completed <a href="#">View</a>	Completed <a href="#">View</a>

NOTE: To view the selection, click the "View" link.

Thank you for submitting Year 2 application for the Targeted Investments Program 2.0



**This message will only show up when the application is finalized and complete.**

When all attestations are completed, documents are uploaded, and all clinics are selected, the application screen should show that each Area(s) of Concentration are completed.

A confirmation email will be sent. The confirmation email subject line will be: TI 2.0 Year 2 Program Participant Application Submitted.



# Resources

# Resources

## AHCCCS Website:

<https://www.azahcccs.gov/PlansProviders/TargetedInvestments/>

## ASU TIPQIC Website:

<https://tipqic.org/index.html>

## AHCCCS Online: TI 2.0 Application Portal

<https://ao.azahcccs.gov/Account/Login.aspx>

## TI 2.0 Program Eligibility

<https://www.azahcccs.gov/PlansProviders/TargetedInvestments/TI2.0/Application.html>

## Milestones Resources:

<https://www.azahcccs.gov/PlansProviders/TargetedInvestments/TI2.0/Milestones.html>

## TI 2.0 Program Deadlines:

<https://www.azahcccs.gov/PlansProviders/TargetedInvestments/TI2.0/ProgramDeadlines.html> (Website)

<https://www.azahcccs.gov/PlansProviders/Downloads/TI/TI2.0DeliverablesPoster.pdf> (Poster)

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