Core Component #7 Module Pediatric PCP Area of Concentration
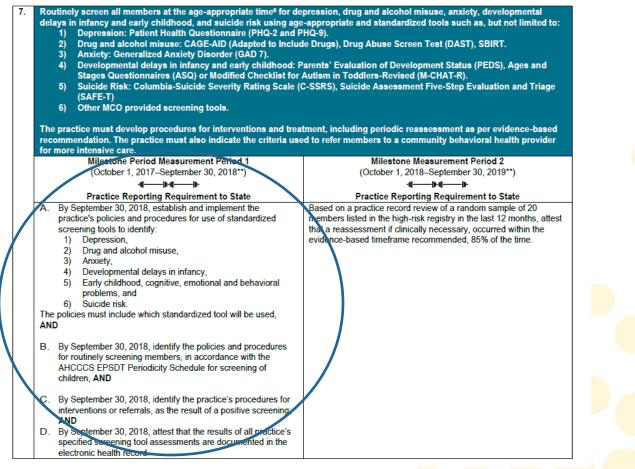
Routine Screening for all Members for Behavioral Health Disorders and Drug and Alcohol Misuse

Key Concepts

- The practice should routinely screen all members at the age appropriate time for depression, drug and alcohol misuse, anxiety, and suicide risk using age appropriate and standardized tools.

- The practices must identify which standardized tool they will be using

- The practice must develop procedures for interventions and treatment including periodic reassessment.

- The practice must also indicate the criteria used to refer members to a community behavioral health provider for more intensive care.

- Practices will need to ensure that the results from each screening assessment are documented in the members electronic health record.

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Review of Core Component #7

7.	Routinely screen all members at the age-appropriate time[6] for depression, drug and alcohol misuse, anxiety, developmental delays in infancy and early childhood, and suicide risk using age-appropriate and standardized tools such as, but not limited to:

1) Depression: Patient Health Questionnaire (PHQ-2 and PHQ-9).
2) Drug and alcohol misuse: CAGE-AID (Adapted to Include Drugs), Drug Abuse Screen Test (DAST), SBIRT.
3) Anxiety: Generalized Anxiety Disorder (GAD 7).
4) Developmental delays in infancy and early childhood: Parents' Evaluation of Development Status (PEDS), Ages and Stages Questionnaires (ASQ) or Modified Checklist for Autism in Toddlers-Revised (M-CHAT-R).
5) Suicide Risk: Columbia-Suicide Severity Rating Scale (C-SSRS), Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
6) Other MCO provided screening tools.

The practice must develop procedures for interventions and treatment, including periodic reassessment as per evidence-based recommendation. The practice must also indicate the criteria used to refer members to a community behavioral health provider for more intensive care.

Milestone Period Measurement Period 1 (October 1, 2017–September 30, 2018**)	Milestone Measurement Period 2 (October 1, 2018–September 30, 2019**)
Practice Reporting Requirement to State	**Practice Reporting Requirement to State**
A. By September 30, 2018, establish and implement the practice's policies and procedures for use of standardized screening tools to identify: 1) Depression, 2) Drug and alcohol misuse, 3) Anxiety, 4) Developmental delays in infancy, 5) Early childhood, cognitive, emotional and behavioral problems, and 6) Suicide risk. The policies must include which standardized tool will be used, **AND** B. By September 30, 2018, identify the policies and procedures for routinely screening members, in accordance with the AHCCCS EPSDT Periodicity Schedule for screening of children, **AND** C. By September 30, 2018, identify the practice's procedures for interventions or referrals, as the result of a positive screening, **AND** D. By September 30, 2018, attest that the results of all practice's specified screening tool assessments are documented in the electronic health record.	Based on a practice record review of a random sample of 20 members listed in the high-risk registry in the last 12 months, attest that a reassessment if clinically necessary, occurred within the evidence-based timeframe recommended, 85% of the time.

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Core Component # 7- Screening All Members for Behavioral Health Disorders

Routinely screen all members for depression, drug and alcohol misuses anxiety and suicide risk using age appropriate and standardized tools such as, but not limited to:

- Depression: Patient Health Questionnaire (PHQ-2 and PHQ-9).

- Drug and alcohol misuse: CAGE-AID (Adapted to Include Drugs), Drug Abuse Screen Test (DAST), SBIRT.

- Anxiety: Generalized Anxiety Disorder (GAD 7).

- Developmental delays in infancy and early childhood: Parents' Evaluation of Development Status (PEDS), Ages and Stages Questionnaires (ASQ) or Modified Checklist for Autism in Toddlers-Revised (M-CHAT-R).

- Suicide Risk: Columbia-Suicide Severity Rating Scale (C-SSRS), Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)

- Other MCO provided screening tools.

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TI Year 2 Measurement Period
October 1, 2017 – September 30, 2018

Practice Reporting Requirement to State:

By September 30, 2018 identify the practice's policies and procedures for use of standardized screening tools to identify:
1) Depression,
2) Drug and alcohol misuse,
3) Anxiety,
4) Developmental delays in infancy,
5) Early childhood, cognitive, emotional and behavioral problems, and
6) Suicide risk.

The practice must include which standardized tool will be used.

AND

B. By September 30, 2018, identify the practices' procedures for interventions or referrals, as the result of a positive screening

AND

C. By September 30, 2018, attest that the result of all practice's specified screening tool assessments are documented in the electronic health record.

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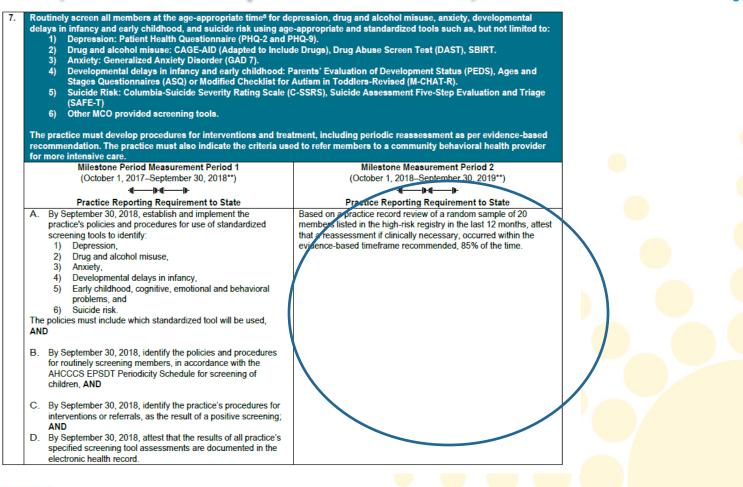
Attestation and Validation Documentation

- AHCCCS will be opening a TI Attestation Portal through **AHCCCS Online** (https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f)

- The portal will be available for milestone attestation in June 2018.

- Not all of the Milestones will require providers to upload documentation through the Attestation Portal for review by AHCCCS.

- In order to attest to meeting this Core Component, participants will need to show they have to identify policies and procedures, include the standardized tool they will use, and attest the result of the screening tool assessments are in the EHR.

- More detailed information and guidance about how to use the TI Attestation Portal will be available prior to June 2018.

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Sneak Peek of Targeted Investments Year 3

Targeted
Investments

Version: 4/2/2018

Sneak Peek: TI Year 3 Measurement Period October 1, 2018-September 30, 2019

7. Routinely screen all members at the age-appropriate time[6] for depression, drug and alcohol misuse, anxiety, developmental delays in infancy and early childhood, and suicide risk using age-appropriate and standardized tools such as, but not limited to:

1) Depression: Patient Health Questionnaire (PHQ-2 and PHQ-9).
2) Drug and alcohol misuse: CAGE-AID (Adapted to Include Drugs), Drug Abuse Screen Test (DAST), SBIRT.
3) Anxiety: Generalized Anxiety Disorder (GAD 7).
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5) Suicide Risk: Columbia-Suicide Severity Rating Scale (C-SSRS), Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
6) Other MCO provided screening tools.

The practice must develop procedures for interventions and treatment, including periodic reassessment as per evidence-based recommendation. The practice must also indicate the criteria used to refer members to a community behavioral health provider for more intensive care.

Milestone Period Measurement Period 1 (October 1, 2017–September 30, 2018**)	Milestone Measurement Period 2 (October 1, 2018–September 30, 2019**)
Practice Reporting Requirement to State	**Practice Reporting Requirement to State**
A. By September 30, 2018, establish and implement the practice's policies and procedures for use of standardized screening tools to identify: 1) Depression, 2) Drug and alcohol misuse, 3) Anxiety, 4) Developmental delays in infancy, 5) Early childhood, cognitive, emotional and behavioral problems, and 6) Suicide risk. The policies must include which standardized tool will be used, **AND** B. By September 30, 2018, identify the policies and procedures for routinely screening members, in accordance with the AHCCCS EPSDT Periodicity Schedule for screening of children, **AND** C. By September 30, 2018, identify the practice's procedures for interventions or referrals, as the result of a positive screening; **AND** D. By September 30, 2018, attest that the results of all practice's specified screening tool assessments are documented in the electronic health record.	Based on a practice record review of a random sample of 20 members listed in the high-risk registry in the last 12 months, attest that a reassessment if clinically necessary, occurred within the evidence-based timeframe recommended, 85% of the time.

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Sneak Peek: TI Year 3 Measurement Period October 1, 2018 – September 30 , 2019

Practice Reporting Requirement to State

By 9/30/2019

Based on a practice record review of a random sample of 20 members listed in the high risk registry in the last 12 months:

- Attest that a reassessment if clinically necessary, occurred within the evidence- based timeframe recommended 85% of the time.

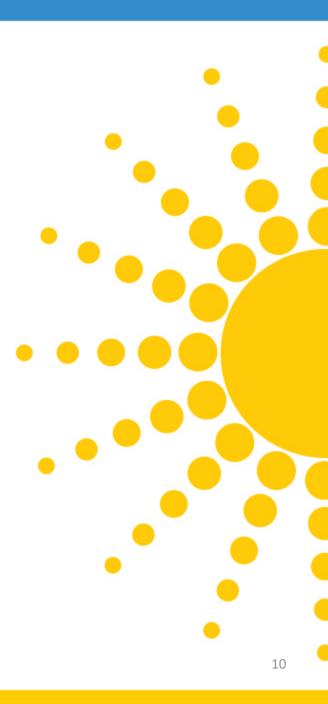AHCCCS | Targeted Investments
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Questions?

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

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Thank You.

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