Targeted Investments Year 2 Document Validation Criteria

Note: The intent is that NO protected health information [PHI] is uploaded through the TI attestation portal

Core Component	Milestone	Validation Method	Review Criteria
1	Utilize a BH integration toolkit and action plan and determine level of integration	IPAT score submitted through Survey Monkey to AHCCCS	N/A
2	Demonstrate a high-risk electronic registry with criteria is established	Upload high risk registry criteria and de-identified sample through the TI attestation portal	Documentation must include: ☐ A description of what criteria the practice uses to determine which members are at-risk for a behavioral health condition. ☐ A description of what criteria the practice uses to determine which members are at high risk of a near-term acute and behavioral health service utilization. ☐ A description of what criteria the practice uses to determine which members are at high risk for a decline in physical and / or behavioral health status. ☐ The registry template.
3	Identify the assigned care manager; document the duties of the care manager including the maximum caseload and prioritizing members to receive practice care management, consistent with CC 2	Upload documentation describing the care manager's duties through the TI attestation portal	The care manager's documented duties must include: ☐ Responsibility to assess and periodically reassess members. ☐ Development and implementation of integrated care plan. ☐ Working with members and their families to facilitate linkages to community organizations, including social service agencies.
4	Demonstrate that the practice has begun using an integrated care plan	Upload sample integrated care plan template through the TI attestation portal	Integrated care plan must include the following elements: ☐ Patient goals for improved health ☐ Problem identification ☐ Risk drivers ☐ Barriers to care ☐ Action items for the clinical team, patient and / or family.

5	Identify the SDOH tool being used; develop policies and procedures for intervention or referral to specific resources/agencies	Upload the SDOH intervention policy through the TI attestation portal	The SDOH intervention policy must include: ☐ Which member(s) of the clinical team will make the connection between the member and a specific resource or agency. ☐ The selected SDOH screening tool ☐ How the member of the clinical team will make the connection (e.g., telephone call, email, resource / agency intake form, etc.).
6	ID the names of providers and MCOs with which the site has developed communication and care management protocols; Document protocols that cover how to: 1) Refer members, 2) Conduct warm hand-offs, 3) Handle crises, 4) Share information, 5) Obtain consent, and 6) Engage in provider-to-provider consultation.	Upload communication protocols with physical and behavioral health providers & MCOs through the TI attestation portal	Communication protocols with physical and behavioral health providers and MCOs must include specific processes for: ☐ Referring members ☐ Conducting warm hand-offs ☐ Handling crises, including ☐ Obtaining member consent ☐ Sharing information at the time of referral and periodically afterward while the member is still a patient of both providers

7	A. Identify policies and procedures for use of standardized screening tools to identify:
	1) Depression,
	2) Drug and alcohol misuse,
	3) Anxiety,
	4) Suicide risk.
	B. Identify procedures for interventions or referrals, as the result of a positive screening
	C. Attest that the result of all practice's specified screening tool assessments are documented in the electronic health record.
		Upload behavioral health screening and intervention policies/procedures through the TI attestation portal	The policy and procedure for routine screening and referral must include:
			☐ Which standardized tool is being used for:
			   o Depression
			   o Drug and alcohol misuse
			   o Anxiety
			   o Suicide risk.
			☐ What steps are taken if a member screened positively.
			☐ The procedure for ensuring the assessment results are documented in the electronic health record.

7/25/2018

Targeted Investments Year 2 Document Validation Criteria

8	Demonstrate that all providers in the practice have been trained on the AZ guidelines for opioid prescribing.	On-site to include at a minimum: attendees, date(s) of training, training materials covered	N/A
9	Develop and utilize a written protocol for use of Health Current Admission Discharge-Transfer (ADT) alerts in the practice's management of high-risk members	Upload written protocol for use of Health Current ADT alerts in the practice's management of high-risk members. through the TI attestation portal	The protocol for use of Health Current ADT alerts must include: ☐ Which position title(s) of the clinical team are responsible for reviewing ADT alerts. ☐ How ADT alerts will inform the practice's high-risk registry.
10	Identify the sources for the practice's list of community-based resources and identify the agencies and community-based organizations to which the practice has actively outreached and show evidence of establishing procedure for referring members that is agreed upon by both the practice and the community-based resource.	Upload procedure for referring members that is agreed upon by both the practice and the community-based resource through the TI attestation portal	The procedure for referring members to community-based resources must: ☐ Show that it was defined collaboratively with one or more community-based resources. ☐ Include the method by which the practice will refer the patient, including which member of the clinical team is responsible for making the referral.
11	Prioritized access for appointments for individuals listed in the high-risk registry	No milestones due for 2018	N/A
12	Establish contracts with MCOs to be reimbursed for integrated services	On-site review and contract sent securely to the Targeted Investments email inbox.	☐ The contract must show that the practice has executed contracts by September 30, 2018 with MCOs that allow for integrated services delivered within the practice to be reimbursed.
13	Establish an integrated health care setting(s) co-located with select county probation offices and/or DOC parole offices	On-site review	The integrated health care setting must be located: ☐ In a probation office, OR ☐ In a DOC parole office, OR ☐ Mobile unit or permanent location in near proximity to a probation or parole office.

7/25/2018

14	Outreach plan, in cooperation with the probation and parole offices to encourage individuals pre- and post-release to utilize the established integrated clinic	Upload procedure for identifying and providing eligibility and enrollment support to individuals transitioning to probation and/or DOC parole offices through the TI attestation portal	The procedure for identifying and providing eligibility and enrollment support must include: ☐ The process by which the integrated practice will identify individuals who are pre-release and have medium to high criminogenic risk, in conjunction with probation and parole offices ☐ The staff responsible for assisting individuals in completing the Medicaid enrollment process
15	The integrated care plan must include: a) the critical elements from the care plan b) mandated health care services; and c) services recommended as part of the probation/parole-specific community supervision plan	On-site review	The practice must have a procedure that incorporates timely information into the integrated care plan: ☐ From MCOs on a timely basis with regard to their "reach-in" efforts; ☐ Regarding the mandated health care services from the Comprehensive Mental Health Court Contract, and ☐ From the community supervision case plan.
16	Protocols to provide MAT of opioids using evidence-based guidelines.	On-site review	N/A
17	Peer and family support plan using evidence-based approaches that incorporates AHCCCS identified & approved training & credentialing peer and family support specialists	On-site review	The integrated practice's peer and family support plan must include: ☐ Peers and family specialists as part of the co-located staff ☐ Job responsibilities of peers and family specialists ☐ Attestations that peers and family support specialists have been trained using AHCCCS identified and approved Forensic Peer and Family training.
18	Targeted Investments program-offered learning collaborative	On-site review	N/A

7/25/2018