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 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; and document the care manager training requirements	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 Developmental delays in infancy o Early childhood, cognitive and emotional and behavioral problems, and 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.

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	Demonstrate that all staff who screen for trauma and care managers have participated in an AHCCCS-identified Trauma Informed Approach training program	Upload evidence of Trauma informed Care training through the TI attestation portal	☐ List the names of staff who attended the training and the dates of the training session attended
13	Diagnostic and referral pathways for any member that screens positive on ASD screening tools; referral agreements with autism spectrum disorder (ASD) Specialized Diagnosing Providers to facilitate referral and diagnosis	No milestones due for 2018	N/A

14	Complete a training program in ASD; list of physicians, advanced practice clinicians and care managers, who have been with the practice at least 12 months and who have completed an ASD training program for continuing education units (CEUs) in the last three years	Upload CEU documentation through TI attestation portal	The list must: ☐ Include documentation that all pediatricians, family physicians, advanced practice clinicians and care managers who care for patients in the practice are listed ☐ Identify which pediatricians, family physicians, advance practice clinicians and care managers received CEUs in the last three years ☐ Include a copy of the CEU obtained with the name and number of CEUs received.
15	Procedures to provide information regarding parent support and other resources for families and other caregivers of children/youth with ASD	No milestones due for 2018	N/A
16	Protocols for teenagers / young adults with ASD to facilitate smooth care transitions from pediatric to adult providers	No milestones due for 2018	N/A
17	Protocol for obtaining records for children/youth in the child welfare system; protocol for addressing medication needs of children/youth in the child welfare system during the first visit	No milestones due for 2018	N/A
18	For children/youth in the child welfare system, document policies and procedures to schedule and perform additional EPSDT visits consistent with the enhanced periodicity schedule.	Upload EPSDT policy through the TI attestation portal	EPSDT policy and procedure must: ☐ Document procedures for ensuring patients are scheduled in accordance with the enhanced EPSDT policy for children/youth in the child welfare system