



Targeted Investments Application Portal

Application Due: October 20, 2023 by 5 p.m. AZ Mountain Time

Table of Contents

AHCCCS Online TI Portal.....	Page 3
Tax ID Search, Security Notice Agreement, & Authorized User Form.....	Page 7
Select Area(s) of Concentration.....	Page 13
Clinic Selection.....	Page 16
Eligibility Criteria.....	Page 21
Eligibility Criteria: Document Upload.....	Page 30
Completed Application Visuals.....	Page 36
Eligibility Criteria and Document Upload Example.....	Page 39
Resources.....	Page 44

AHCCCS Online TI Portal

- TI 2.0 Application
 - Application
 - Application Requirements
 - Quality Improvement Collaborative
 - Annual Requirements
 - Payment
 - FAQs
 - Support/Resources
 - News and Updates
 - TI 1.0 Program Website

Application

The TI 2.0 application will be available via [AHCCCS Online](#) beginning summer of 2023. Before the application becomes available, we encourage prospective participants to complete the checklist below.

1. Review TI 2.0 eligibility criteria and prepare required documentation,
2. Confirm that clinics under your organization's TIN have an EHR system capable of bi-directional data exchange with the HIE (Contexture),
3. Confirm that you have an [AHCCCS Online Account](#) by checking access to the TI Portal,
4. Complete the [Provider Interest Form](#), and
5. Sign up for the Newsletter to be notified when the portal is available and other important updates.

EHR Requirement

Contexture recently announced that they will be adopting a new platform in 2025. The TI 2.0 Program applicants will be required to meet one of the following:

- **Option 1:** If your organization already has an EHR system capable of bi-directional exchange of a core data set with Contexture:
 - **Applicants must upload a signed scope of work**, dated no later than 9/30/2023, to connect the system to Contexture's new HIE platform once available.
- **Option 2:** If your organization does not have an EHR system capable of bi-directional exchange of a core data set with Contexture:

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

- Option 1: Click on the following AHCCCS Online website link: <https://azweb.statemedicaid.us/Account/Register.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](#)

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. In order to use the site, you must have an active account. Please login or register for a new account. For assistance, please contact our Customer Support Center by emailing your request to [servicedesk@azahcccs.gov](mailto: servicedesk@azahcccs.gov). Please do not include personal or sensitive information such as usernames or passwords.

Sign In

Username:

Password:

**** ATTENTION - SHARING ACCOUNTS IS PROHIBITED! ****

Sharing account login credentials is prohibited and violates the AHCCCS User Acceptance Agreement. **DO NOT** share your user name and password with any other individuals. Each user must create their own web account and keep their information up-to-date. Access to the website *will be terminated* if the [Terms of Use](#) are violated.

Enter your AHCCCS Online Username and Password.



Menu

[AIMH Services Program](#)

[Claim Status](#)

[Claims Submission](#)

[EFT Enrollment](#)

[Member Verification](#)

[Members Supplemental Data](#)

[Newborn Notification](#)

[Prior Authorization Inquiry](#)

[Prior Authorization Submission](#)

[Provider Verification](#)

[Provider Re-Enrollment/Revalidation](#)

[Targeted Investments Program](#)

Support and Manuals

[User Manuals](#)

[Learn More](#)

[Frequently Asked Questions](#)

Account Information

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. Through the TI Program, AHCCCS will direct its managed care plans to make specific payments to certain Medicaid providers pursuant to 42 CFR 438.6(c), with such payments incorporated into the actuarially sound capitation rates, to incentivize providers to improve performance. Specifically, participating Medicaid providers will be paid incentive payments for increasing physical and behavioral health care integration and coordination for individuals with behavioral health needs. The TI Program aims to:

- 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](#)



Select the Targeted Investments Program on the left-hand menu.
Click the “Targeted Investments Program 2.0” button to be directed to the application.

Tax ID Search, Security Notice Agreement, & Authorized User Form



Menu

- [AIMH Services Program](#)
- [Claim Status](#)
- [Claims Submission](#)
- [EFT Enrollment](#)
- [Member Verification](#)
- [Members Supplemental Data](#)
- [Newborn Notification](#)
- [Prior Authorization Inquiry](#)
- [Prior Authorization Submission](#)
- [Provider Verification](#)
- [Provider Re-Enrollment/Revalidation](#)
- [Targeted Investments Program](#)

Support and Manuals

- [User Manuals](#)
- [Learn More](#)
- [Frequently Asked Questions](#)

Account Information

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., NCQA HEDIS measures) within their patient population.

TI 2.0 Year 1 Application Search

* Federal Tax ID: 9 digit numeric value

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

NOTE: If there is more than one Tax ID affiliated with the organization then each Tax ID must complete a separate application.



Menu

- [AIMH Services Program](#)
- [Claim Status](#)
- [Claims Submission](#)
- [EFT Enrollment](#)
- [Member Verification](#)
- [Members Supplemental Data](#)
- [Newborn Notification](#)
- [Prior Authorization Inquiry](#)
- [Prior Authorization Submission](#)
- [Provider Verification](#)
- [Provider Re-Enrollment/Revalidation](#)
- [Targeted Investments Program](#)

Support and Manuals

- [User Manuals](#)
- [Learn More](#)
- [Frequently Asked Questions](#)

Account Information

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., NCQA HEDIS measures) within their patient population.

TI 2.0 Year 1 Application Search

* 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.

Members 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
Account Information
Type: Master
User Request Stats
Admin

TI 2.0 Year 1 Application Search

123456789

* Federal Tax ID: 9 digit numeric value

Search

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

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.

Tools Sign in

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 th Program Milestones.

AHCCCS may, at any time, amend these *Terms of Use* with or without notice. Any chu to the Agreement will become effective immediately and notice of change will be prov 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 the TI Participant under the area of concentration for which they applied and were acc by AHCCCS.

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

- 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 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 s
- 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 fund and that by filing this attestation the TI Participant is submitting a claim for Federa funds.

* Federal Tax ID: 9 digit numeric value

Search

CE

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

orm

Upload the Targeted Investments Authorized Signature Form.

and 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

1. Download the *Targeted Investments Authorized Signature Form* to the computer.
2. Review, sign and save [the signed form](#).
3. Click on the dropdown menu labeled *Type* and select the option labeled *Authorized Signature Form*.
4. Upload the signed form by selecting "Choose" File. Once the file is added, click "Upload Attachment" button to proceed to the next page.

Note: The form needs to be signed by the executive or administrator responsible for TI attestation. This individual, and others identified at the bottom, will receive sensitive payment-related correspondence and general TI correspondence.

Members 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
Account Information
Type: Master
User Request Stats
Admin

TI 2.0 Year 1 Application Search

* 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

Authorization Form

Document Status	FileName	File Type	Upload Date
Pending	TI Authorized User Form.pdf	Authorized Signature Form	8/23/2023

* Name of the Authorized Signatory :

* Email of the Authorized Signatory :

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

Once the signed form is uploaded, type **the name and email of the individual who signed the form** then click the "Next" button to proceed to the next page. **Applications will be rejected if the name does not match.**

Select Area(s) of Concentration



Menu

- AIMH Services Program
- Claim Status
- Claims Submission
- EFT Enrollment
- Member Verification
- Members Supplemental Data
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Provider Re-Enrollment/Revalidation
- Targeted Investments Program

Targeted Investments Program

AREA OF CONCENTRATION

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

Next

Add a checkmark next to the Area(s) of Concentration that the organization is submitting an application for.

Click the “Next” button to move on to the next section.

Menu

- AIMH Services Program
- Claim Status
- Claims Submission
- EFT Enrollment
- EVV Service Confirmations
- Member Verification
- Members Supplemental Data
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Targeted Investments Program

Support and Manuals

- User Manuals

Targeted Investments Program

AREA OF CONCENTRATION

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

AREA OF CONCENTRATION	CLINIC SELECTION			ELIGIBILITY CRITERIA		
Adult Primary Care	Incomplete	Edit	View	Incomplete	Edit	View
Pediatric Primary Care	Incomplete	Edit	View	Incomplete	Edit	View
Adult Behavioral Health	Incomplete	Edit	View	Incomplete	Edit	View
Pediatric Behavioral Health	Incomplete	Edit	View	Incomplete	Edit	View
Adults Transitioning from the Criminal Justice System	Incomplete	Edit	View	Incomplete	Edit	View

NOTE: To select the Clinic Selection 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 Eligibility Criteria.
The submit button will be enabled only when all the selections are completed.

Once the Area(s) of Concentration are selected, applicants must complete the *Clinic Selection* and *Eligibility Criteria* for each area of concentration. Start with *Clinic Selection*.

Clinic Selection

Menu

AIMH Services Program

Claim Status

Claims Submission

EFT Enrollment

EVV Service Confirmations

Member Verification

Members Supplemental Data

Newborn Notification

Prior Authorization Inquiry

Prior Authorization Submission

Provider Verification

Targeted Investments Program

Support and Manuals

User Manuals

Targeted Investments Program

AREA OF CONCENTRATION

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

AREA OF CONCENTRATION	CLINIC SELECTION			ELIGIBILITY CRITERIA		
Adult Primary Care	Incomplete	Edit	View	Incomplete	Edit	View
Pediatric Primary Care	Incomplete	Edit	View	Incomplete	Edit	View
Adult Behavioral Health	Incomplete	Edit	View	Incomplete	Edit	View
Pediatric Behavioral Health	Incomplete	Edit	View	Incomplete	Edit	View
Adults Transitioning from the Criminal Justice System	Incomplete	Edit	View	Incomplete	Edit	View

NOTE: To select the Clinic Selection 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 Eligibility Criteria.
The submit button will be enabled only when all the selections are completed.

Submit

Click "Edit" in the Clinic Selection section to select the clinics participating in the TI 2.0 Program.

Clinic Selection- PCP Only



<input type="checkbox"/>	01	XXXXXX	XXXXXXXXXXXXXX	<input type="text" value="1234567890"/>	01	XXXXXXXXXXXXXXXXXAVONDALE AZ 85323
<input type="checkbox"/>	01	XXXXXX	XXXXXXXXXXXXXX	<input type="text" value="0000000000"/>	02	XXXXXXXXXXXXXXXXXPHOENIX AZ 85041
<input type="checkbox"/>	01	XXXXXX	XXXXXXXXXXXXXX	<input type="text"/>	03	XXXXXXXXXXXXX MESA AZ 85203

PRIMARY CARE ONLY

Each clinic's NPI will auto populate if enrolled as an IC. Enter the clinic (facility) NPI for all other selected clinics.

NOTE: An NPI that is not affiliated with the 01-Group Provider ID must be listed for each selected site. Most clinics will have an NPI even if the clinic is not independently licensed or enrolled with AHCCCS.

If CMS (NPPES) confirms a Clinic NPI is unavailable, enter all zeros (10 digits) for the applicable clinic. Maintain documentation of the CMS correspondence.

Clinic Selection- PCP Only

Clinic List - Pediatric Primary Care					
PROVIDER TYPE	PROVIDER ID	PROVIDER(SITE) NAME	CLINIC NPI	SERVICE LOCATION	SERVICE ADDRESS
<input type="checkbox"/>	01	123456	Glendale	<input type="text" value="1231144112"/>	25 6051 W Sweetwater Ave, Glendale, AZ 85304
<input checked="" type="checkbox"/>	01	123456	N. Phoenix	<input type="text" value="1235469871"/>	26 2820 W Rose Garden Ln, Phoenix, AZ 85027
<input checked="" type="checkbox"/>	01	123456	S. Phoenix	<input type="text" value="6548751429"/>	27 5401 S 7th St, Phoenix, AZ 85040

NOTE: Please check the box to select the Clinic list. Please click the Add button below to add new Service Addresses.

PROVIDER TYPE	PROVIDER ID	PROVIDER(SITE) NAME *	CLINIC NPI *	SERVICE LOCATION	SERVICE ADDRESS *	Save	Cancel
00	000000	<input type="text"/>	<input type="text"/>	00	<input type="text"/>		

PRIMARY CARE ONLY

Only the service addresses tied to an 01-group or IC provider ID will automatically display. If additional PCP sites need to be added, click the “Add” button for any additional PCP sites that need to be added.

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

Eligibility Criteria

Menu

- AIMH Services Program
- Claim Status
- Claims Submission
- EFT Enrollment
- EVV Service Confirmations
- Member Verification
- Members Supplemental Data
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Targeted Investments Program

Support and Manuals

- User Manuals

Targeted Investments Program

AREA OF CONCENTRATION

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

AREA OF CONCENTRATION	CLINIC SELECTION			ELIGIBILITY CRITERIA		
Adult Primary Care	Incomplete	Edit	View	Incomplete	Edit	View
Pediatric Primary Care	Incomplete	Edit	View	Incomplete	Edit	View
Adult Behavioral Health	Incomplete	Edit	View	Incomplete	Edit	View
Pediatric Behavioral Health	Incomplete	Edit	View	Incomplete	Edit	View
Adults Transitioning from the Criminal Justice System	Incomplete	Edit	View	Incomplete	Edit	View

NOTE: To select the Clinic Selection 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 Eligibility Criteria.
 The submit button will be enabled only when all the selections are completed.

Click "Edit" in the Eligibility Criteria section to identify the required processes and upload documentation detailed in the [Application Summary](#).

Eligibility Requirements (Adult Primary Care) – YEAR 1

Milestone Measurement Period 1
(October 01, 2022 – September 30, 2023)

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

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.

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

Yes No

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.

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

Yes No

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.

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

Yes No

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.

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

Yes No

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 9/30/2023 or the last day the clinic was open since 10/1/2022 (whichever is later).

Selecting "Yes" indicates that all details are accurate.

Yes No

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 9/30/2023, to connect the system to Contexture's new HIE platform once available.

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

Yes No

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.

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

Yes No

Attachments

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



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 Process Requirements included in the [Application Summary](#) for a specific area of concentration.
2. Upload application documents that correspond with Process Requirements included in the [Application Summary](#) for the area of concentration (see Page 30 for instructions).

Eligibility Criteria-PCP Only

Eligibility Requirements (Pediatric Primary Care) - YEAR 1

Print

Milestone Measurement Period 1
(October 01, 2022 - September 30, 2023)

Eligibility Criteria 1

The Participant attests that all participating clinics under the TTN 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

Eligibility Criteria 2

The Participant attests that all participating clinics under the TTN 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.

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

Yes No

Eligibility Criteria 3

The Participant attests that all participating clinics under the TTN 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.

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

Yes No

Eligibility Criteria 4

The Participant attests that all participating clinics under the TTN 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.

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

Yes No

Eligibility Criteria 5

The Participant attests that all participating clinics under the TTN 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.

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

Yes No

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 9/30/2023 or the last day the clinic was open since 10/1/2022 (whichever is later).

Selecting 'Yes' indicates that all details are accurate.

Yes No

Eligibility Criteria 7

The Participant attests that all participating clinics under the TTN 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 9/30/2023, to connect the system to Contexture's new HIE platform once available.

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

Yes No

Eligibility Criteria 8

The Participant attests and submits a commitment letter that all participating clinics under the TTN 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 required eligibility criteria are met.

Yes No

Eligibility Criteria-PCP Only

Eligibility Criteria 1 | Eligibility Criteria 2 | Eligibility Criteria 3 | Eligibility Criteria 4 | Eligibility Criteria 5

- Attest **Yes** to at least **three** out of the five criteria. Attest **No** to the criteria that is not selected.
- Upload documentation for the Eligibility Criteria that correspond with the **Yes** attestation.

Eligibility Criteria 6

- Attest **Yes** to Eligibility Criteria 6.
- No documentation required.

Eligibility Criteria 7 | Eligibility Criteria 8

- Attest **Yes** to only **one** of the two criteria. Attest **No** to the criteria that is not selected.
- Upload documentation:
 - If Eligibility Criteria 7 is selected the Contexture Signed SOW must be uploaded.
 - If Eligibility Criteria 8 is selected the EHR Commitment Letter must be uploaded.

Eligibility Criteria-BH Only

Targeted Investments Program

Eligibility Requirements (Adult Behavioral Health) - YEAR 1

Milestone Measurement Period 1
(October 01, 2022 - September 30, 2023)

Eligibility Criteria 1

The Participant attests that all participating clinics under the TJN 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

Eligibility Criteria 2

The Participant attests that all participating clinics under the TJN 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.

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

Yes No

Eligibility Criteria 3

The Participant attests that all participating clinics under the TJN 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.

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

Yes No

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 9/30/2023 or the last day the clinic was open since 10/1/2022 (whichever is later).

Selecting "Yes" indicates that all details are accurate.

Yes No

Eligibility Criteria 5

The Participant attests that all participating clinics under the TJN 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 9/30/2023, to connect the system to Contexture's new HIE platform once available.

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

Yes No

Eligibility Criteria 6

The Participant attests and submits a commitment letter that all participating clinics under the TJN 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 required eligibility criteria are met.

Yes No

Attachments

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

Eligibility Criteria-BH Only

Eligibility Criteria 1 | Eligibility Criteria 2 | Eligibility Criteria 3

- Attest **Yes** to at least **two** out of the three criteria. Attest **No** to the criteria that is not selected.
- Upload documentation for the Eligibility Criteria that correspond with the **Yes** attestation.

Eligibility Criteria 4

- Attest **Yes** to Eligibility Criteria 4.
- No documentation required.

Eligibility Criteria 5 | Eligibility Criteria 6

- Attest **Yes** to only **one** of the two criteria. Attest **No** to the criteria that is not selected.
- Upload documentation:
 - If Eligibility Criteria 5 is selected the Contexture Signed SOW must be uploaded
 - If Eligibility Criteria 6 is selected the EHR Commitment Letter must be uploaded

Eligibility Criteria-Justice Only

Targeted Investments Program

Eligibility Requirements (Adults Transitioning from the Criminal Justice System) - YEAR 1

*Milestone Measurement Period 1
(October 01, 2022 - September 30, 2023)*

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.

Yes No

Eligibility Criteria 2

The Participant attests that the participating clinics has established, or is in the process of establishing, contracts with all AHCCCS Complete Care (ACC) Health Plans serving the clinic's GSA and will have these contracts secured by 3/31/2024.

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 9/30/2023 or the last day the clinic was open since 10/1/2022 (whichever is later).

Selecting 'Yes' indicates that all details are accurate.

Yes No

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 9/30/2023, to connect the system to Contexture's new HIE platform once available.

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

Yes No

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.

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

Yes No

Attachments

Plases DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII)

Eligibility Criteria-Justice Only

Eligibility Criteria 1

- Attest **Yes** to Eligibility Criteria 1
- Upload documentation for Eligibility Criteria 1 (Justice Commitment Letter)

Eligibility Criteria 2 | Eligibility Criteria 3

- Attest **Yes** to Eligibility Criteria 2 and Eligibility Criteria 3.
- No documentation required.

Eligibility Criteria 4 | Eligibility Criteria 5

- Attest **Yes** to only **one** of the two criteria. Attest **No** to the criteria that is not selected.
- Upload documentation:
 - If Eligibility Criteria 4 is selected the Contexture Signed SOW must be uploaded
 - If Eligibility Criteria 5 is selected the EHR Commitment Letter must be uploaded

Eligibility Criteria: Document Upload

Attachments

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

Type: 1.1 HRSN Screening Procedures (EC #1) ▼

Select file to upload:

- 1.1 HRSN Screening Procedures (EC #1)
- 1.2 Care Coordination Protocols (EC #1)
- 2.1 Job Description(s) (EC #2)
- 2.2 Initiative Coordinations Protocol(s) (EC #2)
- 3.1 Trauma Informed Care Protocol(s) (EC #3)
- 3.2 Training Documentation (EC #3)
- 4.1 High-Risk Registry Procedure(s) (EC #4)
- 4.2 High-Risk Care Coordination Procedure(s) (EC #4)
- 5.1 Behavioral Health Consultation Policy (EC #5)
- 5.2 Uploaded Referral and Collaboration Protocol(s) (EC #5)
- HIE Scope of Work (EC #7)
- EHR Commitment Letter (EC #8)

Upload Attachment

Max Accepted

FOUND ***

Select the documents that correspond to the Process Requirements.

Note: Confirm that no PHI or PII are included in the documents.

Attachments

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

Type: 1.1 HRSN Screening Procedures (EC #1) 

Select file to upload: Screening Tool.pdf  

Max File Size: 10MB
Accepted File Types: pdf

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

Click *“Upload Attachment”* to add the document to the application.

Once all the application documents have been uploaded, click the *“Submit”* button to move to the next page.

Documents Upload: PCP Only Example

Attachments

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

Type: 1.1 HRSN Screening Procedures (EC #1)

Select file to upload:

- 1.1 HRSN Screening Procedures (EC #1)
- 1.2 Care Coordination Protocols (EC #1)
- 2.1 Job Description(s) (EC #2)
- 2.2 Initiative Coordinations Protocol(s) (EC #2)
- 3.1 Trauma Informed Care Protocol(s) (EC #3)
- 3.2 Training Documentation (EC #3)
- 4.1 High-Risk Registry Procedure(s) (EC #4)
- 4.2 High-Risk Care Coordination Procedure(s) (EC #4)
- 5.1 Behavioral Health Consultation Policy (EC #5)
- 5.2 Uploaded Referral and Collaboration Protocol(s) (EC #5)
- HIE Scope of Work (EC #7)
- EHR Commitment Letter (EC #8)

Upload Attachment

FOUND ***

Max Accepte

PCP Applications:

1. Submit documentation for 3 out of 5 for each Eligibility Criteria (these are the same as Process Requirements - see the [Application Summary](#) for details).
 - **Eligibility Criteria 1:** 1.1 HRSN Screening Procedures & 1.2 Care Coordination Protocols
 - **Eligibility Criteria 2:** 2.1 Job Description(s) & 2.2 Initiative Coordinations Protocol(s)
 - **Eligibility Criteria 3:** 3.1 Trauma Informed Care Protocol(s) & 3.2 Training Documentation
 - **Eligibility Criteria 4:** 4.1 High-Risk Registry Procedure(s) & 4.2 High-Risk Care Coordination Procedure(s)
 - **Eligibility Criteria 5:** 5.1 Behavioral Health Consultation Policy & 5.2 Uploaded Referral and Collaboration Protocol(s)
2. Upload signed EHR Commitment Letter or signed HIE Scope Of Work. See [TI Website](#) for details.

Documents Upload: BH Only Example

Attachments

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

Type:

Select file to upload:

#1

#2

- 1.1 HRSN Screening Procedures (EC #1)
- 1.2 Care Coordination Protocols (EC #1)
- 2.1 Job Description(s) (EC #2)
- 2.2 Initiative Coordinations Protocol(s) (EC #2)
- 3.1 Trauma Informed Care Protocol(s) (EC #3)
- 3.2 Training Documentation (EC #3)
- HIE Scope of Work (EC #5)
- EHR Commitment Letter (EC #6)

Upload Attachment

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

Submit Close

BH Application:

1. Submit documentation for 2 out of 3 for each Eligibility Criteria (these are the same as Process Requirements - see the [Application Summary](#) for details).
 - **Eligibility Criteria 1:** 1.1 HRSN Screening Procedures & 1.2 Care Coordination Protocols
 - **Eligibility Criteria 2:** 2.1 Job Description(s) & 2.2 Initiative Coordinations Protocol(s)
 - **Eligibility Criteria 3:** 3.1 Trauma Informed Care Protocol(s) & 3.2 Training Documentation
2. Upload signed EHR Commitment Letter or signed HIE Scope Of Work. See [TI Website](#) for details.

Document Upload: Justice Only Example

Attachments

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

Type:

Select file to upload:

- Justice Commitment Letter (EC #1) #1
- HIE Scope of Work (EC #4) #2
- EHR Commitment Letter (EC #5)

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

Justice Applications:

1. Upload Justice Commitment Letter. Go to the [TI Website](#) to download template.
2. Upload Signed EHR Commitment Letter or Signed HIE Scope Of Work. Go to the [TI Website](#) to download template.

Completed Application Visuals

Menu

- AIMH Services Program
- Claim Status
- Claims Submission
- EFT Enrollment
- EVV Service Confirmations
- Member Verification
- Members Supplemental Data
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Targeted Investments Program

Support and Manuals

- User Manuals

Targeted Investments Program

AREA OF CONCENTRATION

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

AREA OF CONCENTRATION	CLINIC SELECTION	ELIGIBILITY CRITERIA
Adult Primary Care	Completed Edit View	Completed Edit View
Pediatric Primary Care	Incomplete Edit View	Incomplete Edit View
Adult Behavioral Health	Incomplete Edit View	Incomplete Edit View
Pediatric Behavioral Health	Incomplete Edit View	Incomplete Edit View
Adults Transitioning from the Criminal Justice System	Incomplete Edit View	Incomplete Edit View

NOTE: To select the Clinic Selection 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 Eligibility Criteria. The submit button will be enabled only when all the selections are completed.

Submit

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

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

Complete Application View

Targeted Investments Program

AREA OF CONCENTRATION

* Choose Area of Concentration : ADULT PCP PEDS PCP ADULT BH PEDS BH JUSTICE

AREA OF CONCENTRATION	CLINIC SELECTION	ELIGIBILITY CRITERIA
Adult Primary Care	Completed View	Completed View
Pediatric Primary Care	Completed View	Completed View
Adult Behavioral Health	Completed View	Completed View
Pediatric Behavioral Health	Completed View	Completed View
Adults Transitioning from the Criminal Justice System	Completed View	Completed View

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

Thank you for submitting your application for the Targeted Investments Program 2.0

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

A confirmation email will be sent.

Eligibility Criteria and Document Upload

Example

*The following example models the process of completing the Eligibility Criteria section. Please advise, the example is **not** intended to stipulate the eligibility requirements that your organization needs to select. When completing the application make selections that are applicable to your organization. The example is only intended to provide a visual representation and context of the application process.

Example Application

Provider Type: Primary Care
Project: Adult

Adult Primary Care 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).

Provider Type: Primary Care
Project: Adult

2. PROCESS REQUIREMENT: Identification of accountable position(s) to pursue whole person care and population health initiatives.

2.1 Job description of accountable position(s) to manage whole person care and population health initiatives that:

- A) Identify the job title and describe the duties of the individual that is held accountable for ensuring the organization's staff are screening and referring, as appropriate, all members to resources that meet the individual's HRSN and BH needs. As long as this one person is ultimately responsible for the organization's related efforts, this one person may delegate related duties and/or have additional duties and responsibilities.
- B) Identify the job title and describe the duties of the manager that is held accountable for identifying health inequities amongst the organization's patient population and creating plans to address them. As long as this one person is ultimately responsible for the organization's related efforts, this one person may delegate related duties and/or have additional duties and responsibilities.

2.2 Uploaded initiative coordination protocols that:

- A) Describe how the responsible individual interfaces with the organization's leadership or executive management team to ensure initiatives related to health equity and whole-person care are aligned with, and prioritized within, the organization's strategic plan.
- B) Explain how the organization's activities and outcomes associated with health equity and whole-person care initiatives are communicated to staff that are screening members for health-related social needs.

3. PROCESS REQUIREMENT: Protocols for utilizing member-centered, culturally sensitive, evidence-based practices in trauma-informed care.

3.1 Uploaded trauma-informed care protocols must:

- A) Identify the staff/positions responsible for screening patients for trauma.
- B) Describe the process of documenting screening results and the patient's desire to be referred to follow up care.
- C) Identify external referral resources that provide (and/or explain how internal resources provide) culturally sensitive trauma-informed care once trauma has been identified.
- D) Describe the referral (external) and/or hand-off (internal) process to appropriately intervene when a positive screen is identified, and the member agrees to a referral.

3.2 Uploaded training documentation must:

- A) Describe annual TIC training requirements for staff responsible for TIC screening that include, at minimum, 3 hours of evidence-based training program per year.

In this example, the applicant is applying for Adult PCP and selected Process Requirements 1, 2, and 3 from the TI 2.0 [Application Summary](#) document to meet the TI 2.0 Eligibility Requirements.

Milestone Measurement Period 1
(October 01, 2022 - September 30, 2023)

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

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.

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

Yes No

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.

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

Yes No

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.

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

Yes No

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.

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

Yes No

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 9/30/2023 or the last day the clinic was open since 10/1/2022 (whichever is later).

Selecting 'Yes' indicates that all details are accurate.

Yes No

In the Eligibility Criteria section of the TI Portal, the applicant will Attest **Yes** to Eligibility Criteria and **upload the documentation** that align with the [Application Summary](#) Process Requirements (See Page 21).

Since the applicant selected Process Requirements 1, 2 and 3 in the [Adult PCP TI Application Summary](#), they Attested **Yes** to Eligibility Requirements 1, 2, & 3 in the TI 2.0 Application Portal.

- The applicant Attested **No** to Eligibility Criteria 4 and 5 because they met at least 3 eligibility requirements for the Adult PCP application (See Page 25 for instructions).

NOTE: The applicant must Attest **Yes** to Eligibility Criteria 6. No documents are required for Eligibility Criteria 6.

Attachments

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

Type:

Select file to upload:

- 1.1 HRSN Screening Procedures (EC #1)
- 1.2 Care Coordination Protocols (EC #1)
- 2.1 Job Description(s) (EC #2)
- 2.2 Initiative Coordinations Protocol(s) (EC #2)
- 3.1 Trauma Informed Care Protocol(s) (EC #3)
- 3.2 Training Documentation (EC #3)
- 4.1 High-Risk Registry Procedure(s) (EC #4)
- 4.2 High-Risk Care Coordination Procedure(s) (EC #4)
- 5.1 Behavioral Health Consultation Policy (EC #5)
- 5.2 Uploaded Referral and Collaboration Protocol(s) (EC #5)
- HIE Scope of Work (EC #7)
- EHR Commitment Letter (EC #8)

Document Status	
Pending	
Pending	

Since the applicant selected Process Requirements 1, 2 and 3 in the TI [Application Summary](#), they must submit documentation for Eligibility Requirements 1, 2, & 3. See required documents below:

- Eligibility Criteria 1: 1.1 HRSN Screening Procedures & 1.2 Care Coordination Protocols
- Eligibility Criteria 2: 2.1 Job Description(s) & 2.2 Initiative Coordinations Protocol(s)
- Eligibility Criteria 3: 3.1 Trauma Informed Care Protocol(s) & 3.2 Training Documentation

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 9/30/2023, to connect the system to Contexture's new HIE platform once available.

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

Yes No Please upload supporting documentation below

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.

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

Yes No

Attachments

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

Type:

Select file to upload:

- 1.1 HRSN Screening Procedures (EC #1)
- 1.2 Care Coordination Protocols (EC #1)
- 2.1 Job Description(s) (EC #2)
- 2.2 Initiative Coordinations Protocol(s) (EC #2)
- 3.1 Trauma Informed Care Protocol(s) (EC #3)
- 3.2 Training Documentation (EC #3)
- 4.1 High-Risk Registry Procedure(s) (EC #4)
- 4.2 High-Risk Care Coordination Procedure(s) (EC #4)
- 5.1 Behavioral Health Consultation Policy (EC #5)
- 5.2 Uploaded Referral and Collaboration Protocol(s) (EC #5)
- HIE Scope of Work (EC #7)
- EHR Commitment Letter (EC #8)

Document Status

X Pending

X Pending

cedures

protocols

The applicant Attested **Yes** to Eligibility Criteria 7, therefore they will upload their organization's Signed Scope of Work.

NOTE: Since the applicant chose Eligibility Criteria 7, they Attested **No** for Eligibility Criteria 8 because only one option is required to meet eligibility requirements (**Option 1:** HIE Scope of Work or **Option 2:** EHR Commitment Letter).

Resources

Follow Up Actions

1. Complete the [TI 2.0 Provider Interest Form by 9/15/2023](#) to request application document review.
2. [Subscribe to the TI Newsletter](#)
3. Review [TI Application Requirements](#)
4. Confirm access to an [AHCCCS Online Account](#)
5. Ensure the TIN, service addresses, and non-facility providers are correct in the [AHCCCS Provider Enrollment Portal \(APEP\)](#)
6. Prepare application materials
 - Gather documents, attend Office Hours as needed, create and implement procedures as needed to meet requirements, etc.
7. Submit Application by 5 p.m. (Arizona/Mountain Time) on 10/20/2023
8. Receive notice of application decision
 - Notifications will be distributed on 12/29/2023

TI Program Email:

targetedinvestments@azahcccs.gov

Program Resources

AHCCCS Website:

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

AHCCCS Online: TI 2.0 Application Portal

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

TI Application Summary:

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

ASU TIPQIC Website:

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

TI 2.0 Program Overview- Final Proposal to CMS:

https://www.azahcccs.gov/PlansProviders/Downloads/TI/TargetedInvestmentsTI_2Proposal.pdf

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