



AHCCCS Targeted Investments: Year 3 Application Portal Desk Aid

Application Open: May 21, 2026 after 5 p.m. MST

Application Closes: June 22, 2026 at 5 p.m. MST

Table of Contents

| | |
|--|---------|
| Year 3 Documentation Requirements | Page 4 |
| AHCCCS Online | Page 9 |
| User Acceptance Agreement | Page 16 |
| AHCCCS Online TI 2.0 Year 3 Application Portal | Page 22 |
| Tax ID Search | Page 24 |
| Security Notice Agreement | Page 26 |
| Eligibility Requirements – Year 3 | Page 28 |
| Year 3 Application Two Main Sections (Homepage) | Page 30 |
| Selecting Year 3 Area(s) of Concentration | Page 32 |



Table of Contents

| | |
|--|----------------|
| Clinic Selection..... | Page 35 |
| Milestone Section Overview..... | Page 43 |
| Milestone Section M1.1-M5..... | Page 50 |
| Milestones Attestations by Area of Concentration..... | Page 64 |
| Completed Application..... | Page 74 |
| Resources..... | Page 77 |

Year 3 Documentation Requirements



Year 3 Documents Standards

- Organizations are required to use **both the Year 3 Milestone document and the Year 3 Document Validations.**
- Each uploaded document must include the provider **organization's name and/or Logo** in the header.
- Uploaded documents must be final policies as required in the Milestone and Document Validation; each uploaded document must include a **label** as appropriate (e.g., Policy; Procedure; Protocol; Report).
- Circle or highlight the areas that address each Milestone element prior to uploading the document.

Year 3 Documents Standards

- Documents should be saved and named using the **Year 3 Document Validation Naming Convention**.
- AHCCCS will **not** review documents that contain the following:
 - PHI—no examples are requested
 - Tracked changes or review comments—must be final policies, protocols, and procedures as a PDF
 - Photographs of documents—must be scanned, legible, PDF
 - Missing organization identification - Name or logo required in the header

Year 3: Milestone Documents & Document Validation

[Home](#) / [Targeted Investments](#) / This Page

TI Program Overview

▼ TI 2.0 Application

Annual Requirements

Milestones

Meetings

Program Eligibility & Payment

Quality Improvement
Collaborative

Health Plan Deliverables

TI Newsletter

Targeted Investments 2.0 Program Overview

The Targeted Investments Program (TI 2.0) aligns with AHCCCS' strategic plan and Arizona's Section 1115 Waiver to support and incentivize providers to develop and enhance comprehensive whole person care systems that effectively address the social risk factors that adversely affect health. Eligible Medicaid provider organizations that meet certain benchmarks will receive financial incentives through managed care plans for developing infrastructure and protocols to optimize coordination of services designed to meet the member's acute, behavioral, and health-related social needs (HRSN) and address identified health inequities among their patient population.

Announcements

Stakeholders can stay informed on the latest TI 2.0 announcements by [signing up for the TI newsletter](#). Check the TI website often to see the latest news about the program.

TI 2.0

YEAR 1 PAYMENT: AHCCCS sent payment notifications to eligible Targeted Investments Program (TI 2.0) organizations on July 17, followed by notifications to Managed Care Organizations (MCOs) on August 1. MCOs were required to distribute payments to participating providers within 30 days of receipt, with a final distribution deadline of August 31. For questions or support, participants can contact the AHCCCS TI 2.0 team at targetedinvestments@azahcccs.gov. To update program contacts, participants can submit an updated Authorized User form via [Support Ticket](#) or

Hi! I'm AVA, the AHCCCS Virtual Assistant. Click me for assistance.

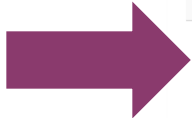
| HOME | AHCCCS INFO | MEMBERS/APPLICANTS | PLANS/PROVIDERS | AMERICAN INDIANS | RESOURCES | FRAUD PREVENTION | CRISIS SERVICES |
|-----------------------------------|--|--------------------|-----------------|------------------|-----------|------------------|-----------------|
| Annual Requirements | Although strongly encouraged, participants are not required to meet all milestones each year. Participants that do not meet at least one milestone in each TI Program Year will be removed from the TI program. Each milestone is associated with a percentage of payment, and failing to meet a milestone will forfeit that portion of that year's payment. | | | | | | |
| Milestones | Contact the AHCCCS TI team at targetedinvestments@azahcccs.gov for questions. | | | | | | |
| Meetings | <hr/> | | | | | | |
| Program Eligibility & Payment | <h3>Year 4 Milestone Resources</h3> | | | | | | |
| Quality Improvement Collaborative | All Areas of Concentration ▾ | | | | | | |
| Health Plan Deliverables | Performance Measure Targets ▾ | | | | | | |
| TI Newsletter | Performance Measure Detail Guides (Including Attribution Methods) ▾ | | | | | | |
| Contact Us | Data Harmonization / Performance Improvement ▾ | | | | | | |
| ▼ TI 1.0 Program Website | <hr/> | | | | | | |
| | <h3>Year 3 Milestone Resources</h3> | | | | | | |
| | Adult PCP Resources ▲ | | | | | | |
| | Adult PCP Milestone | | | | | | |
| | Download the Adult PCP Milestone  document to review Year 2 and Year 3 requirements. The milestones document also includes payment percentage allocation for each annual milestone of each Core Component (Initiative). | | | | | | |
| | Document Validation Criteria for Adult PCP | | | | | | |
| | Download the Adult PCP milestone validation criteria  to review the checklist of necessary elements each policy/procedure must include to satisfy the Year 2 and Year 3 process milestones. | | | | | | |
| | Adult BH Resources ▾ | | | | | | |
| | Peds PCP Resources ▾ | | | | | | |
| | Peds BH Resources ▾ | | | | | | |

Use Both Documents:

Milestone



Document Validation



AHCCCS Online Login



AHCCCS Online

- Do you have an AHCCCS Online Account?
- Do you have a Targeted Investments Program portal link?
- Account Information Section
 - **Types of accounts:** Master & User Account
 - If you do not have a TI Portal Link request access from the Master Account Holder:
 - Master Account holder information is available in Account Information section. They can add access to the TI Program Portal.

The screenshot displays the AHCCCS Online interface. The 'Menu' section includes a link for 'Targeted Investments Program', which is circled in red and pointed to by a purple arrow. Below this is the 'Support and Mar' section with links for 'User Manuals', 'Learn More', and 'Frequently Asked'. The 'Account Information' section is also circled in red and pointed to by a purple arrow. It contains fields for 'Username', 'User', 'Type: Master', 'TI-', 'National Provider ID', and 'User Request Stats', with some fields containing redacted information. A teal thought bubble with a black outline points to the 'Account Information' section, containing the text: 'Look here to view the Master and User account holders for your organization'. The 'Admin' link is visible at the bottom of the page.

Menu

[Targeted Investments Program](#) ←

Support and Manuals

[User Manuals](#)

[Learn More](#)

[Frequently Asked Questions](#)

Account Information

Username: [Redacted]

User: [Redacted]

Type: Master

Main Page

▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲

AHCCCS Online is an AHCCCS website designed for registered providers. It offers the convenience and efficiency of several online services.

AIMH SERVICES PROGRAM

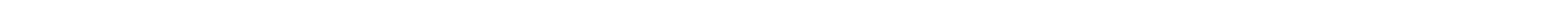
Pending SPA approval by CMS, AHCCCS proposes to offer services that support an American Indian Medical Home Program, including Primary Care Case Management (PCCM), diabetes education. AHCCCS AI/AN members who are enrolled in AIHR, AIMH PCCMs will be charged with addressing health disparities between American Indians and other populations in Arizona, specifically by ar meet AIMH registration criteria will be eligible for prospective per member per month payments based on the services and activities they are providing to empaneled members. For further deta

CLAIM STATUS

Claim Status allows providers to check the status of **Fee-For-Service** claims submitted to AHCCCS. If a recipient is enrolled in a capitated Health Plan, the Health Plan must be contacted for cl For a listing of the Health Plan contact information, please click on [Health Plan Listing](#). For information regarding a Remittance Advice (RA), please refer to the guide, [Understanding the AHCCC](#)

CLAIM SUBMISSION

Claim Submission allows providers to submit Professional, Dental and Institutional claims to AHCCCS for nightly processing. Claims submitted prior to 4:00 PM each business day are processed status of the claims can be viewed online by searching for the claim by submission date. Average processing time may take 24-72 hours, depending on the number of claims processed and the for further assistance.



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 3 application.

INSTRUCTIONS FOR MASTER ACCOUNT USERS: 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**.

TI Program Overview

▲ TI 2.0 Application

Year 3

Year 2

Year 1

Annual Requirements

Milestones

Meetings

Program Eligibility & Payment

Year 3 Application

To be considered for payment, participating organizations are required to submit a Year 3 application for the TI 2.0 Program through the [AHCCCS Online TI 2.0 Application Portal](#). Applications must be completed within 30 calendar days of the Portal opening and include identification of Year 3 participating clinics, Year 3 Milestone documentation, and submission of Year 3 attestations, along with any applicable clinic updates.

Organizations need to prepare for the TI 2.0 Year 3 (October 1, 2024 – September 30, 2025) application by completing the following tasks (if applicable):

1. Organizations must ensure finalized milestone documentation meets the following standards:
 - Documentation must be final policies, protocols, reports, etc. as required in the milestone and document validation.
 - Documents must be named to align with Document Validation naming conventions guidance. Visit the [TI Milestone webpage](#) to review Document Validation.
 - Each uploaded document must include a label as appropriate (e.g., Policy; Procedure; Protocol, Report).
 - Documentation must include the provider Organization's name and/or logo in the header.
 - Documentation must address each milestone element and indicate (e.g., circle or highlight) the areas that address each Milestone element prior to uploading the document. Make sure to include elements from both the Year 3 Milestones and Year 3 Document Validation resources located on the [TI Milestone webpage](#).
2. Confirm that Organization staff responsible for the Year 3 TI 2.0 Program application can access the [AHCCCS Online TI 2.0 Application Portal](#).
3. Verify the accuracy and consistency of each participating facility's information in the AHCCCS Provider Enrollment Portal.

The Targeted Investments (TI 2.0) Year 3 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](#)

Electronic Funds Transfer

[Submit EFT Application](#)

Help

[User Manuals](#)

[About Us](#)

[AHCCCS Public Website](#)

[Report Fraud](#)

WARNING: You are accessing a U.S. government information system, which is provided for authorized use only. Unauthorized access or use of this system is prohibited and constitutes a violation of Arizona law (A.R.S. § 13-2316) and other applicable laws. By using this system, you acknowledge and consent that you have no reasonable expectation of privacy and that all activities and communications on this system may be monitored, recorded, and audited. The government may intercept and seize any data on this system and disclose it for any lawful purpose, including to authorized officials and law enforcement. Use of this system indicates your consent to these terms. Do not use the system if you do not agree.

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.

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

Enter your AHCCCS Online Username and Password.

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



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](#)

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.



Menu

[Targeted Investments Program](#)

Support and Manuals

[User Manuals](#)

[Learn More](#)

[Frequently Asked Questions](#)

Account Information

Username: [REDACTED]

User: [REDACTED]

Type: Master

National Provider ID: [REDACTED]

[User Request Stats](#)

[Admin](#)

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 436.6(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](#)

[User Acceptance Agreement](#)



Note: Click here to open the TI 2.0 Year 3 Application Portal

User Acceptance Agreement (Authorized Users & Delegates Portal)





Menu

[Targeted Investments Program](#)

Support and Manuals

[User Manuals](#)

[Learn More](#)

[Frequently Asked Questions](#)

Account Information

Username: [REDACTED]

User: [REDACTED]

Type: Master

National Provider ID: [REDACTED]

[User Request Stats](#)

[Admin](#)

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 436.6(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](#)

[User Acceptance Agreement](#)



Note: Click here to open the User Acceptance Agreement Portal

User Acceptance Agreement

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.

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 completing this electronic 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.
- The TI Participant agrees that there are process eligibility requirements, Health Information Exchange connection requirements, and milestone requirements that must be met throughout the period of the TI 2.0 program. Failure to meet these requirements constitutes a material breach of participation in the program. AHCCCS may exercise their right to recoup funds already paid out for the program, in its discretion, if a TI Participant fails to meet these requirements. Exchange connection requirements, and milestone requirements that must be met throughout the period of the TI 2.0 program. Failure to meet these requirements constitutes a material breach of participation in the program. AHCCCS may exercise their right to recoup funds already paid out for the program, in its discretion, if a TI Participant fails to meet these requirements.

How to add or remove Authorized Users and Delegates

Authorized Signatory Position (Mandatory)

Entry of the Authorized Signatory name and email address confirms acceptance of the agreement above and acknowledges that they agree to all terms contained herein.

Name

Jane Doe

Email

walter.keene@azahcccs.gov

TI Delegate(s) Position (Optional)

The Authorized Signatory permits the following individual(s) to perform duties and responsibilities on behalf of the Authorized Signatory for the TI Organization/Practice.

Name

Jane Doe Delegate

Email

janedoe@gmail.com

Delegate 1:

Delegate 2:

Delegate 3:

Delegate 4:

John Doe Delegate

johndoe@hotmail.com

Edit

Note: Click the Edit button to add or remove the Authorized User and Delegates

- **Select 1 Authorized User**
 - Executive or administrator responsible for TI Program attestation
- **Select up to 4 Delegates (Optional)**
 - May be added for access to payment related information
- Update at **anytime** this information changes.
 - Even after the Year 3 application is completed.
- Responsible for attestation accuracy and primary contact for payments and post payment audits and all program news

Authorized Signatory Position (Mandatory)

Entry of the Authorized Signatory name and email address confirms acceptance of the agreement above and acknowledges that they agree to all terms contained herein.

| | Name | Email |
|--|--------------|-------------------|
| | Mickey Mouse | mickey@disney.com |

TI Delegate(s) Position (Optional)

The Authorized Signatory permits the following individual(s) to perform duties and responsibilities on behalf of the Authorized Signatory for the TI Organization/Practice.

| | Name | Email |
|-------------|-------------------|-------------------|
| Delegate 1: | Jane Doe Delegate | janed@gmail.com |
| Delegate 2: | John Doe Delegate | john@gmail.com |
| Delegate 3: | Un Owen Delegate | unowen@nomain.com |
| Delegate 4: | | |

Edit

NEW!

Authorized Users and **Delegates** are the primary TI Program contacts. Although prior year contacts remain in the system, updates must be made in the TI portal moving forward.

Authorized Signatory Position (Mandatory)

Entry of the Authorized Signatory name and email address confirms acceptance of the agreement above and acknowledges that they agree to all terms contained herein.

One Authorized Signatory



| Name | Email |
|---|--|
| <input type="text" value="Mickey Mouse"/> | <input type="text" value="mickey@disney.com"/> |

TI Delegate(s) Position (Optional)

The Authorized Signatory permits the following individual(s) to perform duties and responsibilities on behalf of the Authorized Signatory for the TI Organization/Practice.

Up to four Delegates



| | Name | Email |
|-------------|--|--|
| Delegate 1: | <input type="text" value="Jane Doe Delegate"/> | <input type="text" value="janed@gmail.com"/> |
| Delegate 2: | <input type="text" value="John Doe Delegate"/> | <input type="text" value="johnd@gmail.com"/> |
| Delegate 3: | <input type="text" value="Un Owen Delegate"/> | <input type="text" value="unowen@nomail.com"/> |
| Delegate 4: | <input type="text"/> | <input type="text"/> |

Click the **Save** button and close the portal.

After completing the form, click on the Targeted Investments Program link under the AHCCCS Online Menu to begin the TI 2.0 Program Year 3 Application.

AHCCCS Online TI 2.0 Year 3 Application Portal





Menu

Targeted Investments Program

Support and Manuals

[User Manuals](#)

[Learn More](#)

[Frequently Asked Questions](#)

Account Information

Username: [REDACTED]

User: [REDACTED]

Type: Master

[REDACTED]

National Provider ID: [REDACTED]

[User Request Stats](#)

[Admin](#)

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 436.6(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](#)

[User Acceptance Agreement](#)

**Note: Click here to open the TI 2.0
Year 3 Application Portal**

Tax ID Search





Menus

[Targeted Investments Program](#)

Support and Manuals

[User Manuals](#)

[Learn More](#)

[Frequently Asked Questions](#)

Account Information

Type: Master

ID: [Redacted]

National Provider ID: [Redacted]

User Request State

Admin

Targeted Investments Program

Your application is automatically saved as you work. If you log out and return later, you can continue from where you left off by searching for your Tax ID.

Targeted Investments 2.0 is a 5-year, \$250 million, outpatient provider incentive program that encourages participating provider organizations to thoughtfully develop infrastructure and protocols to optimize coordination of services designed to meet AHCCCS Complete Care member's primary care, behavioral health, and Health-Related Social Needs (HRSN)/Nonmedical Drivers of Health (NMDOH) amongst their patient population. Participating primary care, behavioral health organizations and justice clinics are eligible to receive an annual lump-sum payment for meeting eligibility criteria, developing processes with required elements, implementing these processes, and meeting performance measure targets that aim to improve population health.

By attesting to the Eligibility requirements and Milestone completion, TI participants certify that the requirements stated in that Eligibility Criteria and Milestone have been fully met. Civil and criminal penalties and other administrative remedies may be imposed against a person and/or provider for any material misrepresentation, false statements, or false attestations made to obtain a TI incentive payment. Additionally, TI participants understand that the TI participant is subject to a post-payment audit conducted by the AHCCCS Office of Inspector General.

TI 2.0 Year 3 Application Search

* **Federal Tax ID:** 9 digit numeric value

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 3 application. The AHCCCS Online User will need separate accounts for each Tax ID.

Security Notice Agreement



* 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.

Eligibility Requirements - Year 3



Eligibility Requirements - Year 3

Menu

- Targeted Investments Program

Support and Manuals

- User Manuals
- Learn More
- Frequently Asked Questions

Account Information

- Username: [Redacted]
- User: [Redacted]
- Type: [Redacted]
- IP: [Redacted]
- National Provider ID: [Redacted]
- User Request Stats
- Admin

Targeted Investments Program

Selecting 'No' for any eligibility criteria will disqualify your application from participating further in the the TI 2.0 Program.

Eligibility Requirements - YEAR 3

*Eligibility Criteria Measurement Period 1
(October 01, 2024 - September 30, 2025)*

Eligibility Criteria 1

The Participant attests that all participating clinic details listed on the application page, including the clinic address and NPI, are accurate.

Yes No

Eligibility Criteria 2

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

Yes No

Eligibility Criteria 3

The Participant attests that all participating clinics under the TIN have implemented an Electronic Health Record (EHR) system capable of sending and receiving data from Contexture **AND** have achieved bi-directional data sharing with the new HIE Platform within a year of availability.

Yes No

Edit Next 

Organizations must attest Yes to all three Eligibility Requirements to proceed in the application.

Select the Next button to continue.

NOTE: If No is selected, the application will be disqualified.

Year 3 Application Two Main Sections (Homepage)



Home Page

Targeted Investments Program

AREA OF CONCENTRATION - YEAR 1

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

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

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

Year 1 Application is View Only. No changes can be made.

AREA OF CONCENTRATION - YEAR 2

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

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

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

Year 2 Application is View Only. No changes can be made.

AREA OF CONCENTRATION - YEAR 3

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

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

Year 3 Application Clinic Selection & Milestone sections Must be submitted for continued participation.

Selecting Year 3 Area(s) of Concentration (Optional)



AREA OF CONCENTRATION - YEAR 1

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

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

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

AREA OF CONCENTRATION - YEAR 2

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

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

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

AREA OF CONCENTRATION - YEAR 3

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

[Edit](#)



| AREA OF CONCENTRATION | CLINIC SELECTION | MILESTONE |
|---|---|---|
| Adult Primary Care | Completed View Edit | Completed View Edit |
| Pediatric Primary Care | Completed View Edit | Completed View Edit |
| Adult Behavioral Health | Completed View Edit | Completed View Edit |
| Pediatric Behavioral Health | Completed View Edit | Completed View Edit |
| Adults Transitioning from the Criminal Justice System | Completed View Edit | Completed View Edit |

AREA OF CONCENTRATION - YEAR 3

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

Edit

Click the edit button to make change.

| AREA OF CONCENTRATION | CLINIC SELECTION | | MILESTONE | |
|---|------------------|------|----------------|------|
| Adult Primary Care | Completed View | Edit | Completed View | Edit |
| Pediatric Primary Care | Completed View | Edit | Completed View | Edit |
| Adult Behavioral Health | Completed View | Edit | Completed View | Edit |
| Pediatric Behavioral Health | Completed View | Edit | Completed View | Edit |
| Adults Transitioning from the Criminal Justice System | Completed View | Edit | Completed View | Edit |

Select the Edit button to make changes to the Year 3 Areas of Concentration. Ensure that Year 3 (10/1/2024 - 9/30/2025) areas of Concentration aligns with your organization's participation in Year 4 (10/1/2025 – 9/30/2026)

NOTE: Organizations **cannot** add a new area of concentration (AOC) in Year 3. AOCs can be removed.

Clinic Selection



Clinic Selection Overview- All Participants

AREA OF CONCENTRATION - YEAR 3

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

| AREA OF CONCENTRATION | CLINIC SELECTION | MILESTONE |
|-----------------------|---|---|
| Adult Primary Care | Incomplete View Edit | Incomplete View Edit |



Click *“Edit”* in the Clinic Selection section to choose the clinics that participated in Year 3 of the TI 2.0 Program.

Clinic Selection Overview- All Participants

Year 3 - 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 |
|--|-------------|---------------------|------------|-------------------------------------|------------------|-----------------|---------------------|---------------------|-----------|
| <input checked="" type="checkbox"/> IC | [REDACTED] | [REDACTED] | [REDACTED] | <input checked="" type="checkbox"/> | 01 | [REDACTED] | | Y1, Y2, Y3 | |
| <input checked="" type="checkbox"/> IC | [REDACTED] | [REDACTED] | [REDACTED] | <input checked="" type="checkbox"/> | 01 | [REDACTED] | | Y1, Y2, Y3 | |
| <input checked="" type="checkbox"/> IC | [REDACTED] | [REDACTED] | [REDACTED] | <input checked="" type="checkbox"/> | 02 | [REDACTED] | | Y1, Y2, Y3 | |

The AHCCCS Online TI 2.0 Year 3 Application Portal has five fields in the Clinic Selection section that we need to highlight:

- 1. Clinic Licensed by ADHS:** A check in this column indicates the clinic is licensed by ADHS for the 05s, ICs, 77s, C2s (FQHC) & 29 (RHC). **Clinics must have an active license per TI 2.0 Program requirements unless exempt.**
- 2. Current Site Status:** This column will have an indicator that says “submitted” if there is a completed Y1 or Y2 Application on file.
- 3. Participation Years:** “Y1” represents Year 1 participation, “Y2” represents Year 2 participation and “Y3” represents Year 3 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 programs in TI 2.0
- 5. Help:** This page provides a detailed explanation of each field in the Clinic Selection section.

Clinic Selection Overview- All Organizations

Year 3 - 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 | [REDACTED] | [REDACTED] | [REDACTED] | <input checked="" type="checkbox"/> | 01 | [REDACTED] | | Y1, Y2, Y3 | |
| <input checked="" type="checkbox"/> | IC | [REDACTED] | [REDACTED] | [REDACTED] | <input checked="" type="checkbox"/> | 01 | [REDACTED] | | Y1, Y2, Y3 | |
| <input checked="" type="checkbox"/> | IC | [REDACTED] | [REDACTED] | [REDACTED] | <input checked="" type="checkbox"/> | 02 | [REDACTED] | | Y1, Y2, Y3 | |

1
Click here to select or deselect clinics.

NOTE: Please check the box to select the Clinic list
2

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 3 (10/1/24 - 9/30/25) are displayed.

1. Add a check next to all outpatient clinics that are appropriate for TI 2.0 activities (including clinics that closed during Year 3 -10/1/2024 to 9/30/2025). 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 or NPI Registry or ADHS before submitting the application.**

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

| PCP Adult and Peds | BH Adult and Peds | Justice Adult |
|---|--|--|
| Non-Specialty PCP Outpatient Clinics | Outpatient BH Clinics | Outpatient Clinics With Reliable Access to PCP and BH Services |
| Integrated Outpatient Clinics (IC) | Integrated Outpatient Clinics (IC) | Integrated Outpatient Clinics (IC) |
| Non-Hospital Affiliated Clinic (05) | Behavioral Health Outpatient Clinics (77) | Federally Qualified Health Center (C2) |
| Non-Integrated Primary Care Outpatient Clinics (under an 01-group) | Non-facility BH Providers Working In the Clinics MD-Physician | Rural Health Centers (29) |
| Non-facility PCP Providers Working In the Clinics MD-Physician DO-Physician Osteopath Registered Nurse Practitioner Physicians Assistant | DO-Physician Osteopath Licensed independent Substance Abuse Counselor (LISAC) Licensed Clinical Social Worker (LCSW) Psychologist 86 Licensed Marriage & Family Therapist (LMFT) | Behavioral Health Outpatient Clinics (77) |
| With Specialties: Family Practice General Practice Internal Medicine Obstetrician and/or Gynecology Pediatrician Registered Nurse Practitioner | Licensed Professional Counselor (LPC) School Based Guidance Counselor School Based Certified School Psychologist Behavioral Health Counselor Board Certified Behavioral Analyst Provider MHS Social Worker MHS Nurse- Psychologists Registered Nurse Practitioner | Competitive by Population Served Application demonstrates robust collaborative agreements with a justice partner (e.g., Clinics co-located with or adjacent to probation, parole facilities, court, diversion) |

Clinic Selection- PCP Only

Primary care clinics that are not enrolled with AHCCCS as an Integrated Clinic (IC), 05, or C2 (MIHS Only) have special steps and columns in the Year 3 application.

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

Participants must type the following* for each clinic:

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

*This information will autofill for clinics that were: enrolled with AHCCCS as a 01-group, 05, IC, and C2 (For MHIS Only), validated during the Year 2 application process, and/or clinics enrolled with AHCCCS under their 01-group biller during Year 3. 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 TI eligible 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 exclusion of incentives paid for that location.

Clinic Selection- PCP Only: NPIs

| 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 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 | 1234567890 | <input type="checkbox"/> | 01 | 321 Arizona Ave Phoenix, AZ 85006 | | | 1234560987 |
| <input type="checkbox"/> 01 | 123454 | TIP Clinic 3 | 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 01-group, 05, IC, and C2 (For MIHS Only): 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 Registry that a facility NPI is not appropriate or has been de-activated. See [the NPPES guidelines](#) for more information.

Clinic Selection- PCP Only

| | | | | | | | | |
|-------------------------------------|----|--------|------------|------------|-------------------------------------|----|------------|------------|
| <input checked="" type="checkbox"/> | 00 | 000000 | [Redacted] | [Redacted] | <input checked="" type="checkbox"/> | 00 | [Redacted] | Y1, Y2, Y3 |
| <input checked="" type="checkbox"/> | 00 | 000000 | [Redacted] | [Redacted] | <input checked="" type="checkbox"/> | 00 | [Redacted] | Y1, Y2, Y3 |

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 | Fake PCP Clinic | 0000000000 | 00 | 124 Fake Address Suite A Flagstaff, AZ 86001 | | |

The clinic details are autopopulated for 01-group, 05, IC, and C2 (For MHIS Only) affiliated with the TAX ID which are actively enrolled in the AHCCCS systems. If additional PCP sites need to be added for Year 3, 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. As noted previously, **if the site is registered under a Group NPI please enter 10 zeros in the clinic NPI field.**

Milestones Section



AREA OF CONCENTRATION - YEAR 3

* Choose Area of Concentration :

ADULT
PCP

PEDS
PCP

ADULT BH

PEDS BH

JUSTICE

[Edit](#)

| AREA OF CONCENTRATION | CLINIC SELECTION | | MILESTONE | |
|-------------------------|------------------|----------------------|-----------------|----------------------|
| Adult Primary Care | Incomplete View | Edit | Incomplete View | Edit |
| Pediatric Primary Care | Completed View | Edit | Completed View | Edit |
| Adult Behavioral Health | Completed View | Edit | Completed View | Edit |

Select the “*Edit*” button to begin uploading documentation and submitting attestation for Year 3 Milestones.

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

Milestone Requirements (Adult Primary Care) - YEAR 3

Milestone Measurement Period 1
(October 01, 2024 - September 30, 2025)

Milestone 1.1

M1.1 B. The participant attests that a representative from the organization either attended all Year 3 QIC group meetings or completed the designated make-up activities for any missed sessions. The scheduled meeting dates were: November 7, 2024; February 6, 2025; May 8, 2025; and August 7, 2025.

Yes No

Milestone 1.2

M1.2 C. The participant attests that one representative from the participating organization has registered for the online learning platform through Canvas.

M1.2 D. The participant attests that the organization's representative has submitted a TI online project representing at least two projects for each area of concentration by the required due dates that meet minimum scoring rubric requirements.

Yes No

Milestone 2

M2 A. The participant attests that an internally generated report, representative of all participating clinics (for example, from the EHR system), was uploaded. This report quantified the number of AHCCCS members seen from October 1, 2024, through September 30, 2025, categorized by their preferred language.

M2 B. The participant attests that the organization has developed and uploaded documentation outlining the processes and procedures used to prepare language assistance services for AHCCCS members with limited English proficiency prior to their appointment time.

M2 C. The participant attests that the organization has submitted an AHCCCS Microsoft Form tabulating the number of AHCCCS members with limited English proficiency seen by at least one participating clinic per county for a minimum of two weeks in September 2025.

M2 D. **NCQA ONLY:** The participant attests that the submitted documentation accurately reflects the practice's compliance with NCQA Health Outcome Accreditation standards (formerly Health Equity Accreditation standards) HE 3.A-D, HE 5.A-B, and HE 6.D (Factors 2, 4, and 6).

Yes No

Milestone 3

M3 H. The participant attests that all participating clinics used the specified HRSN screening tool and processes outlined in Year 2 Milestones M3A, M3B, M3D, M3F/M3G at least once during the program year.

M3 I. The participant attests that the processes to document each health plan and age cohort, along with the system(s) used to report collected standardized HRSN screening and referral data included the following information: HRSN Domain, Date referred, and How the referral was made.

M3 J. The participant attests that they uploaded an AHCCCS-provided CLRS Template to summarize the system(s) used to track HRSN screening and referral data for each health plan and age cohort.

M3 K. The participant attests to establishing closed-loop referral and communication protocols by organization (TIN) with at least one community-based organization for all eight required domains.

M3 L. The participant attests that G and Z codes were utilized, as specified by AHCCCS guidance, on at least one AHCCCS claim or encounter to document HRSN screening and referral details through claims during the program year.

M3 M. **OPTIONAL:** The participant attests that they had uploaded an AHCCCS-provided HRSN Delegation Form for each ACO/CIN, signed by an ACO/CIN representative, specifying the MCO(s) and age cohort(s) in which they facilitate HRSN referrals for the practice.

Yes No

Milestone 4

M4 E. The participant attests that, by September 30, 2025, the processes described in Year 2 Milestone 4D (M4D), along with those used to capture the current status of referrals, consistently included the following information: HRSN domain, date referred, how the referral was made, and the current status of the referral (Sent vs. Received).

M4 F. The participant attests that they uploaded an HRSN tracking report that included at least one HRSN referral record for a de-identified AHCCCS member, containing the data elements indicated in Milestone M4E.

Yes No

Milestone 5

M5 G. The participant attests that the organization has implemented the processes described in Milestone MSE to identify significant health-related social needs or subpopulations that experience poorer health outcomes than their peers.

M5 H. The participant attests that they had uploaded the organization's Population Health Action Plan, which explains the specific health outcome or HRSN gap being addressed and outlines how the practice plans to improve outcomes for the group(s) affected.

Yes No

Milestones
Attestations 

Review the Milestone 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 3 application documents that correspond with Milestone Requirements (if applicable).

Milestone 5

M5 G. The participant attests that the organization has implemented the processes described in Milestone MSE to identify significant health-related social needs or subpopulations that experience poorer health outcomes than their peers.
M5 H. The participant attests that they had uploaded the organization's Population Health Action Plan, which explains the specific health outcome or HRSN gap being addressed and outlines how the practice plans to improve outcomes for the group(s) affected.

Yes No

Please upload supporting documentation below



Uploading Documents

This error message means that you have not uploaded the corresponding required documents for the milestone.

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

Choose files saved to
your computer

Click here to upload
milestone documents

Max File Size: 10MB
Accepted File Types: pdf, xls, xlsx

Click on X to
remove
document if
needed

| FileName | File Type | Upload Date |
|---|---|-------------|
| <input type="checkbox"/> Internally Generated Language Report.pdf | M2A: Internally Generated Language Report | 4/14/2026 |
| <input type="checkbox"/> Language Assistance Services Processes.pdf | M2B: Language Assistance Services Processes | 4/14/2026 |
| <input type="checkbox"/> AHCCCS CLRS Template.pdf | M3J: AHCCCS CLRS Template | 4/14/2026 |
| <input type="checkbox"/> HRSN Delegation Form.pdf | M3M: HRSN Delegation Form | 4/14/2026 |
| <input type="checkbox"/> HRSN Referral Report.pdf | M4F: HRSN Referral Report | 4/14/2026 |
| <input type="checkbox"/> Population Health Action Plan.pdf | M5H: Population Health Action Plan | 4/14/2026 |

Select "Upload Attachment" to upload documents and select "Choose File" to select documents for upload
Select the corresponding X button(s) to remove document(s) if needed

The screenshot shows a web application interface for document uploads. It features a list of milestones (Milestone 4, 5, 6) on the left, each with a list of required documents. A central panel displays a list of document types (MSJ, M3C, M3F, M3G, M3A, M3B, M3C, M3D, M3E, M3F, M3G) with a dropdown menu labeled 'Type' and a 'Choose File' button. A red arrow labeled '1' points to the 'Type' dropdown. A red arrow labeled '2' points to the 'Choose File' button. A red arrow labeled '3' points to the 'Upload Attachment' button. A red arrow labeled '4' points to the 'Submit' button. A red error message 'Failed! Please select a file type' is visible below the 'Upload Attachment' button. A red error message 'REJECTED ATTACHMENT(S) FOUND ***' is visible at the bottom of the page.

Document Upload: You must select the correct file type for the corresponding milestone

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.

Milestone 3

M3 H. The participant attests that all participating clinics used the specified HRSN screening tool and processes outlined in Year 2 Milestones M3A, M3B, M3D, M3F/M3G at least once during the program year.
M3 I. The participant attests that the processes to document each health plan and age cohort, along with the system(s) used to report collected standardized HRSN screening and referral data included the following information: HRSN Domain, Date referred, and How the referral was made.
M3 J. The participant attests that they uploaded an AHCCCS-provided CLRS Template to summarize the system(s) used to track HRSN screening and referral data for each health plan and age cohort.
M3 K. The participant attests to establishing closed-loop referral and communication protocols by organization (TIN) with at least one community-based organization for all eight required domains.
M3 L. The participant attests that G and Z codes were utilized, as specified by AHCCCS guidance, on at least one AHCCCS claim or encounter to document HRSN screening and referral details through claims during the program year.
M3 M. **OPTIONAL:** The participant attests that they had uploaded an AHCCCS-provided HRSN Delegation Form for each ACO/CIN, signed by an ACO/CIN representative, specifying the MCO(s) and age cohort(s) in which they facilitate HRSN referrals for the practice.

Yes No

Milestone 4

M4 E. The participant attests that, by September 30, 2025, the processes described in Year 2 Milestone 4D (M4D), along with those used to capture the current status of referrals, consistently included the following information: HRSN domain, site referred, how the referral was made, and the current status of the referral (Sent vs. Received).
M4 F. The participant attests that they uploaded an HRSN tracking report that included at least one HRSN referral record for a de-identified AHCCCS member, containing the data elements indicated in Milestone M4E.

Yes No

Milestone 5

M5 G. The participant attests that the organization has implemented the processes described in Milestone M5E to identify significant health-related social needs or subpopulations that experience poorer health outcomes than their peers.
M5 H. The participant attests that they had uploaded the organization's Population Health Action Plan, which explains the specific health outcome or HRSN gap being addressed and outlines how the practice plans to improve outcomes for the group(s) affected.

Yes No Please upload supporting documentation below

Milestone 6

M6 F. The participant attests that the organization has implemented the processes described in Milestones M6A, M6B, M6C, and M6E during the program year for AHCCCS members.

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

Max File Size: 10MB
Accepted File Types: pdf, xls, xlsx

| FileName | File Type | Upload Date |
|--|---|-------------|
| <input checked="" type="checkbox"/> Internally Generated Language Report.pdf | M2A: Internally Generated Language Report | 4/14/2026 |
| <input checked="" type="checkbox"/> Language Assistance Services Processes.pdf | M2B: Language Assistance Services Processes | 4/14/2026 |
| <input checked="" type="checkbox"/> AHCCCS CLRS Template.pdf | M3: AHCCCS CLRS Template | 4/14/2026 |
| <input checked="" type="checkbox"/> HRSN Delegation Form.pdf | M3M: HRSN Delegation Form | 4/14/2026 |
| <input checked="" type="checkbox"/> HRSN Referral Report.pdf | M4F: HRSN Referral Report | 4/14/2026 |
| <input checked="" type="checkbox"/> Population Health Action Plan.pdf | M5H: Population Health Action Plan | 4/14/2026 |



Saving Progress in the Milestone Section

Select the "Submit" button to save your progress in the Milestone Section.

Tips

The submit button in the Milestone Section means that you have Saved the documentation and attestations but not submitted the application. Submit the entire application on the Application Homepage.

Milestones Section

M1.1 - M5



Document Validation Support Example

TI Portal Year 3 Milestone Section

Year 3 Document Validation

| Core Component | Review Criteria 25% of Annual Payment |
|---|--|
| 5-Identify Differences in Health-Related Outcomes Within the Population Attributed to the Practice and Implement Plans to Reduce Them | <p>M5G. Attest, through the TI 2.0 Year 3 Application Portal once available, that the organization implemented processes described in Milestone M5E to identify a disparate health or HRSN outcome for AHCCCS members by age cohort before 9/30/2025.</p> <ul style="list-style-type: none"> <input type="checkbox"/> M5E. Upload documentation that demonstrates the practice's policies and procedures for identifying significant HRSN or subpopulations that experience poorer health outcomes than their peers stratified by: <ol style="list-style-type: none"> a. Member-reported demographic data (i.e., any of the variables specified in Milestone M5C) and/or, b. HRSN data collected in Milestone 3 in the practice EHR. <input type="checkbox"/> Identify gaps by age cohort: Under the age of 21 (Pediatrics) <p>Participants do not need to upload or provide documentation to validate unless there is a discrepancy, but all participants are required to maintain this documentation for a period of 7 years from the date of participation in the TI program.</p> <p>M5H. Upload, through the TI 2.0 Year 3 Application Portal once available, the organization's Population Health Action Plan that explains the specific health outcome or HRSN gap being addressed and outlines how the practice plans to improve outcomes for the group(s) affected (e.g., process to improve patient engagement) with the following information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Describe the health outcome or HRSN gap for the age group <input type="checkbox"/> Justify why this outcome was chosen <input type="checkbox"/> Provide baseline performance information (data) for the target population (those with lower-quality outcomes) <input type="checkbox"/> Include benchmark information (data) for the control population (those with higher-quality outcomes) <input type="checkbox"/> Describe the planned intervention to address the health outcome or HRSN gap <input type="checkbox"/> Clearly outline expectations and timelines to address the health outcome or HRSN gap <p>M5H Naming Convention: M5H Population Health Action Plan</p> |

Milestone 5

M5 G. The participant attests that the organization has implemented the processes described in Milestone M5E to identify significant health-related social needs or subpopulations that experience poorer health outcomes than their peers.

M5 H. The participant attests that they had uploaded the organization's Population Health Action Plan, which explains the specific health outcome or HRSN gap being addressed and outlines how the practice plans to improve outcomes for the group(s) affected.

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

Example Document Validation & Year 3 Application

Example Required Documents:

M5G: No Document Required

M5H: M5H Population Health Action Plan (**Document Required**)

Milestone Example

TI Portal Year 3 Milestone Section

Milestone 5

- M5 G. The participant attests that the organization has implemented the processes described in Milestone M5E to identify significant health-related social needs or subpopulations that experience poorer health outcomes than their peers.
- M5 H. The participant attests that they had uploaded the organization's Population Health Action Plan, which explains the specific health outcome or HRSN gap being addressed and outlines how the practice plans to improve outcomes for the group(s) affected.

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

| M5 | Evaluate differences in health outcomes and health-related social needs (HRSNs) among the population attributed to the practice and implement strategies to address the various health outcomes. Identification and implementation shall include: | |
|---|--|---|
| Milestone Measurement Program Year 2 (October 1, 2023 – September 30, 2024) 25% of Annual Payment | | Milestone Measurement Program Year 3 (October 1, 2024 – September 30, 2025) 25% of Annual Payment |
| <p><i>By August 31, 2024:</i></p> <p>A. Submit a completed AHCCCS Health Collaboration Analysis using the template provided by AHCCCS via Google Form or submitting the completed xls to TargetedInvestments@azahcccs.gov.</p> <p><i>By September 30, 2024:</i></p> <p>B. NCQA ONLY. Submit a completed AHCCCS- Modified NCQA HEA 2024 Gap Analysis using the tool provided by AHCCCS to TargetedInvestments@azahcccs.gov.</p> <p>C. Upload documentation that demonstrates the practice's process for collecting, documenting and maintaining member-reported demographic data for race/ethnicity, primary language, disability status, and geography.</p> <p>D. NCQA Only. Upload documentation that the practice expects will satisfy the requirements for:</p> <p>a. NCQA HE 2.B (Factor 1)</p> | <p><i>By September 30, 2025:</i></p> <p>G. Attest that the organization has implemented the processes described in Milestone M5E to identify significant health-related social needs or subpopulations that experience poorer health outcomes than their peers.</p> <p>H. Upload the organization's Population Health Action Plan that explains the specific health outcome or HRSN gap being addressed and outlines how the practice plans to improve outcomes for the group(s) affected (e.g., process to improve patient engagement).</p> | |

Example Milestone & Year 3 Application

Example Required Documents:

M5G: No Document Required

M5H: M5H Population Health Action Plan (**Document Required**)

Milestone 1.1 (QIC)

TI Portal Milestone Section

Milestone 1.1

M1.1 B. The participant attests that a representative from the organization either attended all Year 3 QIC group meetings or completed the designated make-up activities for any missed sessions. The scheduled meeting dates were: November 7, 2024; February 6, 2025; May 8, 2025; and August 7, 2025.

Yes No

Document Validation & Year 3 Application

Required Documents:

M1.1B: No Documents Required

Tips

If you attest “yes,” please ensure that all supporting documentation is retained and readily available for a period of seven years in the event of an audit.

Milestone 1.2 (QIC Online Projects)

TI Portal Milestone Section

Milestone 1.2

M1.2 C. The participant attests that one representative from the participating organization has registered for the online learning platform through Canvas.

M1.2 D. The participant attests that the organization's representative has submitted a TI online project representing at least two projects for each area of concentration by the required due dates that meet minimum scoring rubric requirements.

Yes No

Document Validation & Year 3 Application

Required Documents:

M1.2C: No Documents Required

M1.2D: No Documents Required

Tips

If you attest "yes," please ensure that all supporting documentation is retained and readily available for a period of seven years in the event of an audit.

Milestone 2 (Language Access Services)

TI Portal Milestone Section

Milestone 2

- M2 A. The participant attests that an internally generated report, representative of all participating clinics (for example, from the EHR system), was uploaded. This report quantified the number of AHCCCS members seen from October 1, 2024, through September 30, 2025, categorized by their preferred language.
- M2 B. The participant attests that the organization has developed and uploaded documentation outlining the processes and procedures used to prepare language assistance services for AHCCCS members with limited English proficiency prior to their appointment time.
- M2 C. The participant attests that the organization has submitted an AHCCCS Microsoft Form tabulating the number of AHCCCS members with limited English proficiency seen by at least one participating clinic per county for a minimum of two weeks in September 2025.
- M2 D. **NCQA ONLY:** The participant attests that the submitted documentation accurately reflects the practice's compliance with NCQA Health Outcome Accreditation standards (formerly Health Equity Accreditation standards) HE 3.A-D, HE 5.A-B, and HE 6.D (Factors 2, 4, and 6).

Yes No

Document Validation & Year 3 Application

Tips

☑ 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.

Required Documents:

M2A: M2A Internally Generated Language Report

M2B: M2B Language Assistance Services Processes

M2C: No Documents Required

M2D: NCQA- HE3.A - HE3.E; HE5.A, HE5.B & HE6.D (NCQA Only)

Elements = Required Documents

Milestone 3 (HRSN Screening and Referrals)

TI Portal Milestone Section

Milestone 3

M3 H. The participant attests that all participating clinics used the specified HRSN screening tool and processes outlined in Year 2 Milestones M3A, M3B, M3D, M3F/M3G at least once during the program year.

M3 I. The participant attests that the processes to document each health plan and age cohort, along with the system(s) used to report collected standardized HRSN screening and referral data included the following information: HRSN Domain, Date referred, and How the referral was made.

M3 J. The participant attests that they uploaded an AHCCCS-provided CLRS Template to summarize the system(s) used to track HRSN screening and referral data for each health plan and age cohort.

M3 K. The participant attests to establishing closed-loop referral and communication protocols by organization (TIN) with at least one community-based organization for all eight required domains.

M3 L. The participant attests that G and Z codes were utilized, as specified by AHCCCS guidance, on at least one AHCCCS claim or encounter to document HRSN screening and referral details through claims during the program year.

M3 M. **OPTIONAL:** The participant attests that they had uploaded an AHCCCS-provided HRSN Delegation Form for each ACO/CIN, signed by an ACO/CIN representative, specifying the MCO(s) and age cohort(s) in which they facilitate HRSN referrals for the practice.

Yes No

Document Validation & Year 3 Application

Required Documents:

M3H: No Documents Required

M3I: No Documents Required

M3J: M3J AHCCCS CLRS Template

M3K: No Documents Required

M3L: No Documents Required

M3M: M3M HRSN Delegation Form (Only for Organizations using ACO/ CIN for HRSN Screening)- **Upload a blank document if this requirement is not applicable to your organization.**

Tips

☒ 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)

TI Milestone Document

M3I: Do not include M3I (a): Member Identifier

Only include:

- M3I (b) HRSN Domain (i.e. the eight required)
- M3I (c) Date referred
- M3I (d) How the referral was made (Phone, CommunityCares, Email, Etc.).

- I. **Attest** that the processes to document each health plan and age cohort, along with the system(s) used to report collected standardized HRSN screening and referral data, consistently includes the following items by 9/30/2025:

- a. Member Identifier (e.g., AHCCCS ID number; AHCCCS ID number, First Name, Last Name, and Date of Birth; First Name, Last Name, and Social Security Number; System Generated Client ID),
- b. HRSN Domain (i.e. the eight required),
- c. Date referred, and
- d. How the referral was made (Phone, CommunityCares, Email, Etc.).

Document Validation & Year 3 Application

Required Documents:

M3I: No Documents Required

Tips

If you attest “yes,” please ensure that all supporting documentation is retained and readily available for a period of seven years in the event of an audit.

Year 3 Milestone Forms and Templates

TI Website Milestone Resources

Year 3 Milestones Forms and Templates

- [AHCCCS Microsoft Form](#)
- [AHCCCS TI 2.0 M2C Language Assistance Services Tally](#)
- [AHCCCS HRSN Delegation Form- TI 2.0 Milestones](#)
- [AHCCCS TI_M3_CLRS_Sample Template](#)
- [AHCCCS TI_M3_CLRS_Template - Upload PDF to Year 3 Application](#)

M3J: CLRS Sample Template

Targeted Investments Program (TI 2.0) Milestone (M3):

The TI 2.0 Program Milestone (M3) uses the AHCCCS-provided CLRS Template to summarize the systems used to track HRSN screening and referral data for each health plan and age cohort.

Instructions:

Please indicate in the cells below which closed-loop referral system, ACO/CIN, or internal tracking mechanism used to compile all HRSN screening and referral results for AHCCCS members.

| Org Name: | Arizona Gulf PCP | |
|---|----------------------|------------------|
| Tax ID: | 123456790 | |
| AHCCCS COMPLETE CARE (ACC) HEALTH PLANS | Pediatric Population | Adult Population |
| Arizona Complete Health - Complete Care Plan | Internal Tracking | CommunityCares |
| Banner-University Family Care | Internal Tracking | CommunityCares |
| Molina Healthcare | Internal Tracking | CommunityCares |
| Mercy Care | Internal Tracking | CommunityCares |
| Blue Cross Blue Shield of Arizona Health Choice | Not Contracted | Not Contracted |
| UnitedHealthcare Community Plan | Internal Tracking | CommunityCares |

TI Milestones Webpage

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

M3M HRSN Delegation Form (Only for Organizations using ACO/ CIN for HRSN Screening)

TI Website Milestone Resources

Year 3 Milestones Forms and Templates

- [AHCCCS Microsoft Form](#)
- [AHCCCS TI 2.0 M2C Language Assistance Services Tally](#)
- [AHCCCS HRSN Delegation Form- TI 2.0 Milestones](#)
- [AHCCCS TI_M3_CLRS_Sample Template](#)
- [AHCCCS TI_M3_CLRS_Template - Upload PDF to Year 3 Application](#)

M3J: M3M HRSN Delegation Form

AHCCCS HRSN Delegation Form Screening and Referral Processes

| |
|--|
| Participating Organization Name |
| |
| Participating Organization Tax ID |
| |
| Name of Accountable Care Organization/ Clinically Integrated Network |
| |

This form is only applicable to Targeted Investments Program (TI 2.0) participants who use a system sponsored by an Accountable Care Organizations (ACOs) or Clinically Integrated Networks (CINs) to facilitate and document any Health-Related Social Needs (HRSN) screening and/or HRSN referrals for AHCCCS members for the remainder of the program.

M3J: HRSN Delegation Form

The intent of the form is to identify who facilitates HRSN screening for your organization. Only complete it if your organization is in an Accountable Care Organization (ACO) or Clinically Integrated Networks (CINs).

NOTE: A signature is needed from your ACO or CIN representative.

Milestone 4 (Electronic Closed Loop Referral System)

TI Portal Milestone Section

Milestone 4

M4 E. The participant attests that, by September 30, 2025, the processes described in Year 2 Milestone 4D (M4D), along with those used to capture the current status of referrals, consistently included the following information: HRSN domain, state referred, how the referral was made, and the current status of the referral (Sent vs. Received).

M4 F. The participant attests that they uploaded an HRSN tracking report that included at least one HRSN referral record for a de-identified AHCCCS member, containing the data elements indicated in Milestone M4E.

Yes No

Document Validation & Year 3 Application

Required Documents:

M4E: No Documents Required

M4F: M4F HRSN Referral Report

Tips

☒ 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)

TI Milestone Document

- by September 30, 2025:
- E. **Attest** that the processes described in Year 2 Milestone 4D (M4D), along with processes that capture the current status of referrals, consistently include the following elements by September 30, 2025:
- a. Member Identifier (e.g., AHCCCS ID number; AHCCCS ID number, First Name, Last Name, and Date of Birth; First Name, Last Name, and Social Security Number; System Generated Client ID),
 - b. HRSN Domain (i.e. the eight required),
 - c. Date referred,
 - d. How the referral was made (Phone, CommunityCares, Email, Etc.), and
 - e. Current status of the referral (Sent vs. Received).

M4E: Do not include M4E (a) Member Identifier

Only include:

- M4E (b) HRSN Domain (i.e. the eight required),
- M4E (c) Date referred,
- M4E (d) How the referral was made (Phone, CommunityCares, Email, Etc.),
- M4E (e) Current status of the referral (Sent vs. Received).

Document Validation & Year 3 Application

Required Documents:

M4E: No Documents Required

M4F: M4F HRSN Referral Report

Tips

- ☒ 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 (Population Health)

TI Portal Milestone Section

Milestone 5

M5 G. The participant attests that the organization has implemented the processes described in Milestone M5E to identify significant health-related social needs or subpopulations that experience poorer health outcomes than their peers.
M5 H. The participant attests that they had uploaded the organization's Population Health Action Plan, which explains the specific health outcome or HRSN gap being addressed and outlines how the practice plans to improve outcomes for the group(s) affected.

Yes No

Document Validation & Year 3 Application

Required Documents:

M5G: No Documents Required

M5H: M5H Population Health Action Plan

Tips

☒ 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 (Population Health)

M5H: Population Health Action Plan Requirements

Explain the **specific health outcome or HRSN gap** being addressed and outlines how the practice plans to improve outcomes for the affected group(s) (e.g., process to improve patient engagement), including:

- **Describe** the health outcome or HRSN gap for the age group
- **Justify** why this outcome was chosen
- **Provide baseline performance data** for the target population (those with lower-quality outcomes)
- **Include benchmark data** for the control population (those with higher-quality outcomes)
- **Describe the planned intervention** to address the health outcome or HRSN gap
- **Outline expectations and timelines** to address the gap

Year 3 Document Validation

| Core Component | Review Criteria |
|--|--|
| 5-Identify Differences in Health-Related Outcomes Within the Population Attributed to the Practice and Implement Plans to Reduce Them | <p align="center">15% of Annual Payment</p> <p>M5G. Attest, through the TI 2.0 Year 3 Application Portal once available, that the organization implemented processes described in Milestone M5E to identify a disparate health or HRSN outcome for AHCCCS members by age cohort before 9/30/2025.</p> <ul style="list-style-type: none"> <input type="checkbox"/> M5E. Upload documentation that demonstrates the practice's policies and procedures for identifying significant HRSN or subpopulations that experience poorer health outcomes than their peers stratified by: <ul style="list-style-type: none"> a. Member-reported demographic data (i.e., any of the variables specified in Milestone M5C) and/or, b. HRSN data collected in Milestone 3 in the practice EHR. <input type="checkbox"/> Identify gaps by age cohort: Aged 21 or older (Adult) <p>Participants do not need to upload or provide documentation to validate unless there is a discrepancy, but all participants are required to maintain this documentation for a period of 7 years from the date of participation in the TI program.</p> |
| | <p>M5H. Upload, through the TI 2.0 Year 3 Application Portal once available, the organization's Population Health Action Plan that explains the specific health outcome or HRSN gap being addressed and outlines how the practice plans to improve outcomes for the group(s) affected (e.g., process to improve patient engagement) with the following information:</p> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <input type="checkbox"/> Describe the health outcome or HRSN gap for the age group <input type="checkbox"/> Justify why this outcome was chosen <input type="checkbox"/> Provide baseline performance information (data) for the target population (those with lower-quality outcomes) <input type="checkbox"/> Include benchmark information (data) for the control population (those with higher-quality outcomes) <input type="checkbox"/> Describe the planned intervention to address the health outcome or HRSN gap <input type="checkbox"/> Clearly outline expectations and timelines to address the health outcome or HRSN gap </div> <p>M5H Naming Convention: M5H Population Health Action Plan</p> |

Document Validation & Year 3 Application

Required Documents:

M5G: No Documents Required

M5H: M5H Population Health Action Plan

Tips

Organizations should format the Population Health Action Plan to match their organization's needs, but all elements included in the Year 3 Document Validation and the Year 3 Milestone must be included.

Milestones Attestations

Area of Concentration Specific: Adult PCP, Adult BH, Peds PCP, Justice



Adult Primary Care - Only

Milestone 6 (New Caregiver BH Screening)

TI Portal Milestone Section

Milestone 6

M6 F. The participant attests that the organization has implemented the processes described in Milestones M6A, M6B, M6C, and M6E during the program year for AHCCCS members.

Yes No

Document Validation & Year 3 Application

M6F: No Documents Required

Tips

If you attest "yes," please ensure that all supporting documentation is retained and readily available for a period of seven years in the event of an audit.

Peds Primary Care - Only

Milestone 6 (New Caregiver BH Screening)

TI Portal Milestone Section

Milestone 6

M6 E. The participant attests that the organization has implemented the processes described in Year 2 Milestones M6A, M6B, and M6C in the program year for AHCCCS members.

Yes No

Document Validation & Year 3 Application

M6E: No Documents Required

Tips

If you attest "yes," please ensure that all supporting documentation is retained and readily available for a period of seven years in the event of an audit.

Peds Primary Care - Only Milestone 7 (Dental Varnish)

TI Portal Milestone Section

Milestone 7

M7 D. The participant attests that the organization has implemented the processes described in Year 2 Milestones M7A and M7C in the program year for AHCCCS members.

Yes No

Document Validation & Year 3 Application

M7D: No Documents Required

Tips

If you attest “yes,” please ensure that all supporting documentation is retained and readily available for a period of seven years in the event of an audit.

Justice - Only

Milestone 6 (Tobacco Cessation)

TI Portal Milestone Section

Milestone 6

M6 D. The participant attests the justice clinic(s) offered tobacco cessation services to AHCCCS members and coordinating related efforts with justice partner(s), MCOs, local public health authorities, and other stakeholders as appropriate during the program year.

Yes No

Document Validation & Year 2 Application

M6D: No Documents Required

Tips

If you attest “yes,” please ensure that all supporting documentation is retained and readily available for a period of seven years in the event of an audit.

Justice - Only

Milestone 7 (Coordinating Early Reach-In)

TI Portal Milestone Section

Milestone 7

M7 C. The participant attests that the justice clinic(s) coordinated with entities involved in an individual's reentry plan (as aligned with ADCRR and/or County Justice partner(s) priorities, needs, and preferences) during the program year.

Yes No

Document Validation & Year 2 Application

M7C: No Documents Required

Tips

If you attest "yes," please ensure that all supporting documentation is retained and readily available for a period of seven years in the event of an audit.

Peds Behavioral Health - Only Milestones

TI Portal Milestone Section

Milestone 1.1

M1.1 B. The participant attests that a representative from the organization either attended all Year 3 QIC group meetings or completed the designated make-up activities for any missed sessions. The scheduled meeting dates were: November 7, 2024; February 6, 2025; May 8, 2025; and August 7, 2025.

Yes No

Milestone 1.2

M1.2 C. The participant attests that one representative from the participating organization has registered for the online learning platform through Canvas.

M1.2 D. The participant attests that the organization's representative has submitted a TI online project representing at least two projects for each area of concentration by the required due dates that meet minimum scoring rubric requirements.

Yes No

Milestone 2

M2 A. The participant attests that an internally generated report, representative of all participating clinics (for example, from the EHR system), was uploaded. This report quantified the number of AHCCCS members seen from October 1, 2024, through September 30, 2025, categorized by their preferred language.

M2 B. The participant attests that the organization has developed and uploaded documentation outlining the processes and procedures used to prepare language assistance services for AHCCCS members with limited English proficiency prior to their appointment time.

M2 C. The participant attests that the organization has submitted an AHCCCS Microsoft Form tabulating the number of AHCCCS members with limited English proficiency seen by at least one participating clinic per county for a minimum of two weeks in September 2025.

M2 D. **NCQA ONLY:** The participant attests that the submitted documentation accurately reflects the practice's compliance with NCQA Health Outcome Accreditation standards (formerly Health Equity Accreditation standards) HE 3.A-D, HE 5.A-B, and HE 6.D (Factors 2, 4, and 6).

Yes No

Milestone 3

M3 H. The participant attests that all participating clinics used the specified HRSN screening tool and processes outlined in Year 2 Milestones M3A, M3B, M3D, M3F/M3G at least once during the program year.

M3 I. The participant attests that the processes to document each health plan and age cohort, along with the system(s) used to report collected standardized HRSN screening and referral data included the following information: HRSN Domain, Date referred, and How the referral was made.

M3 J. The participant attests that they uploaded an AHCCCS-provided CLRS Template to summarize the system(s) used to track HRSN screening and referral data for each health plan and age cohort.

M3 K. The participant attests to establishing closed-loop referral and communication protocols by organization (TIU) with at least one community-based organization for all eight required domains.

M3 L. The participant attests that G and Z codes were utilized, as specified by AHCCCS guidance, on at least one AHCCCS claim or encounter to document HRSN screening and referral details through claims during the program year.

M3 M. **OPTIONAL:** The participant attests that they had uploaded an AHCCCS-provided HRSN Delegation Form for each ACO/CIN, signed by an ACO/CIN representative, specifying the MCO(s) and age cohort(s) in which they facilitate HRSN referrals for the practice.

Yes No

Milestone 4

M4 E. The participant attests that, by September 30, 2025, the processes described in Year 2 Milestone 4D (M4D), along with those used to capture the current status of referrals, consistently included the following information: HRSN domain, site referred, how the referral was made, and the current status of the referral (Sent vs. Received).

M4 F. The participant attests that they uploaded an HRSN tracking report that included at least one HRSN referral record for a de-identified AHCCCS member, containing the data elements indicated in Milestone M4E.

Yes No

Milestone 5

M5 G. The participant attests that the organization has implemented the processes described in Milestone M5E to identify significant health-related social needs or subpopulations that experience poorer health outcomes than their peers.

M5 H. The participant attests that they had uploaded the organization's Population Health Action Plan, which explains the specific health outcome or HRSN gap being addressed and outlines how the practice plans to improve outcomes for the group(s) affected.

Yes No

Tips

☐ 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

Document Validation & Year 3 Application

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

Adult Behavioral Health - Only Milestone 6 (Caregiver Screening and PMH-C)

Milestone 6.1 Groups A & B Only

If a milestone does not apply to you, please select No.

M6.1 G. The participant attests that the organization employed at least the minimum number of licensed behavioral health provider(s) or prescriber(s) certified in Perinatal Mental Health, as defined in Milestone M6.1A, by September 30, 2025.
M6.1 H. The participant attests to implementing Year 2 processes in Milestones M6.1 A, M6.1 B, M6.1 C, M6.1 D, M6.1 E, & M6.1 F by September 30, 2025.

Yes No

TI Portal Milestone Section

Milestone 6.1 Group C Only

If a milestone does not apply to you, please select No.

M6.1 I. The participant attests that the organization employed at least one licensed behavioral health provider or prescriber (e.g., LPC, Psychologist, LCSW, LMFT, LMSW, LAC, LAMFT, NP, FNP, or physician) with a certification in Perinatal Mental Health per five participating clinics. The number of certified providers must follow the guidelines below:

- o Participants with five or more participating clinics must have one provider with a certification in Perinatal Mental Health per five participating clinics.
- o Participants with three or four participating clinics must have one provider with a certification in Perinatal Mental Health per 100 pregnant members.
- o Organizations with fewer than three participating clinics utilized an external behavioral health provider with PMH-C certification (including virtual).

M6.1 J. The participant attests that they have uploaded proof of Postpartum Support International Perinatal Mental Health Certification, including the provider's name, NPI, and training registration date prior to September 30, 2025.
The participant attests to implementing Year 2 processes in Milestones M6.1A, M6.1B, M6.1C, M6.1D, M6.1E, and M6.1F by September 30, 2025.

M6.1 K. The participant attests that all participating clinics had followed the established processes documented in Year 2 Milestones M6.1B, M6.1C, M6.1D, M6.1E, and M6.1F by September 30, 2025.

Yes No

Document Validation & Year 3 Application Adult BH Milestone 6.1

Group A: Attested **Yes** to M6.1 and **Yes** to M6.2 by the original 10/31/2024 deadline for Year 2

Group B: Attested **Yes** to M6.1 and **No** to M6.2 by the 3/31/2024 extension deadline for Year 2

Group C: Attested **No** to M6.1 and **No** to M6.2 during Year 2

Tips

- 📄 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

Group A or B: Adult Behavioral Health - Only Milestone 6 (Caregiver Screening and PMH-C)

TI Portal Milestone Section

Milestone 6.1 Groups A & B Only

If a milestone does not apply to you, please select No.

M6.1 G. The participant attests that the organization employed at least the minimum number of licensed behavioral health provider(s) or prescriber(s) certified in Perinatal Mental Health, as defined in Milestone M6.1A, by September 30, 2025.

M6.1 H The participant attests to implementing Year 2 processes in Milestones M6.1 A, M6.1 B, M6.1 C, M6.1 D, M6.1 E, & M6.1 F by September 30, 2025.

Yes No **Group A or B- Attest Yes if applicable or No if processes were not implemented in Year 3.**

Milestone 6.1 Group C Only

If a milestone does not apply to you, please select No.

M6.1 I. The participant attests that the organization employed at least one licensed behavioral health provider or prescriber (e.g., LPC, Psychologist, LCSW, LMFT, LMSW, LAC, LAMFT, NP, FNP, or physician) with a certification in Perinatal Mental Health per five participating clinics. The number of certified providers must follow the guidelines below:

- o Participants with five or more participating clinics must have one provider with a certification in Perinatal Mental Health per five participating clinics.
- o Participants with three or four participating clinics must have one provider with a certification in Perinatal Mental Health per 100 pregnant members.
- o Organizations with fewer than three participating clinics utilized an external behavioral health provider with PMH-C certification (including virtual).

M6.1 J. The participant attests that they have uploaded proof of Postpartum Support International Perinatal Mental Health Certification, including the provider's name, NPI, and training registration date prior to September 30, 2025.

The participant attests to implementing Year 2 processes in Milestones M6.1A, M6.1B, M6.1C, M6.1D, M6.1E, and M6.1F by September 30, 2025.

M6.1 K. The participant attests that all participating clinics had followed the established processes documented in Year 2 Milestones M6.1B, M6.1C, M6.1D, M6.1E, and M6.1F by September 30, 2025.

Yes No **Group A or B- Attest No and Do Not Upload Documents.**

Document Validation & Year 3 Application

Required Documents: **Group A & Group B**

M6.1G: No Documents Required

M6.1H: No Documents Required

Group C: Adult Behavioral Health - Only Milestone 6 (Caregiver Screening and PMH-C)

TI Portal Milestone Section

Milestone 6.1 Groups A & B Only

If a milestone does not apply to you, please select No.

M6.1 G. The participant attests that the organization employed at least the minimum number of licensed behavioral health provider(s) or prescriber(s) certified in Perinatal Mental Health, as defined in Milestone M6.1A, by September 30, 2025.
M6.1 H The participant attests to implementing Year 2 processes in Milestones M6.1 A, M6.1 B, M6.1 C, M6.1 D, M6.1 E, & M6.1 F by September 30, 2025.

Yes No

Group C - Attest No

Milestone 6.1 Group C Only

If a milestone does not apply to you, please select No.

M6.1 I. The participant attests that the organization employed at least one licensed behavioral health provider or prescriber (e.g., LPC, Psychologist, LCSW, LMFT, LMSW, LAC, LAMFT, NP, FNP, or physician) with a certification in Perinatal Mental Health per five participating clinics. The number of certified providers must follow the guidelines below:

- o Participants with five or more participating clinics must have one provider with a certification in Perinatal Mental Health per five participating clinics.
- o Participants with three or four participating clinics must have one provider with a certification in Perinatal Mental Health per 100 pregnant members.
- o Organizations with fewer than three participating clinics utilized an external behavioral health provider with PMH-C certification (including virtual).

M6.1 J. The participant attests that they have uploaded proof of Postpartum Support International Perinatal Mental Health Certification, including the provider's name, NPI, and training registration date prior to September 30, 2025.
The participant attests to implementing Year 2 processes in Milestones M6.1A, M6.1B, M6.1C, M6.1D, M6.1E, and M6.1F by September 30, 2025.

M6.1 K. The participant attests that all participating clinics had followed the established processes documented in Year 2 Milestones M6.1B, M6.1C, M6.1D, M6.1E, and M6.1F by September 30, 2025.

Yes No

Group C - Attest Yes if applicable and upload documents.

Document Validation & Year 3 Application

Tips

- ☑ 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

Required Documents: Group C

M6.1I: No Documents Required

M6.1J: Upload Year 3 Milestones Documents for M6.1A, M6.1B, M6.1C, M6.1D, M6.1E, M6.1F

M6.1K: No Documents Required

Completed Application



* Choose Area of Concentration :

ADULT PCP PEDS PCP ADULT BH PEDS BH JUSTICE

[Edit](#)

| AREA OF CONCENTRATION | CLINIC SELECTION | | | MILESTONE | | |
|---|---------------------------|----------------------|----------------------|---------------------------|----------------------|----------------------|
| Adult Primary Care | Completed | Edit | View | Completed | Edit | View |
| Pediatric Primary Care | Completed | Edit | View | Completed | Edit | View |
| Adult Behavioral Health | Completed | Edit | View | Completed | Edit | View |
| Pediatric Behavioral Health | Completed | Edit | View | Completed | Edit | View |
| Adults Transitioning from the Criminal Justice System | Completed | Edit | View | Completed | Edit | View |

NOTE: To select the Clinic Selection and Milestone, click the "Edit" link under the corresponding heading. To view the selection, click the "View" link. 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 and Milestone sections for each Area(s) of Concentration. 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 Section and Milestone Section for each Area of Concentration.
4. Click the "**Submit**" button at the bottom of the main application homepage to complete the entire Year 3 application process.

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

Complete Application View

AREA OF CONCENTRATION - YEAR 3

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

| AREA OF CONCENTRATION | CLINIC SELECTION | MILESTONE |
|---|--------------------------------|--------------------------------|
| 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 Year 3 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 3 Program Participant Application Submitted.



Resources

Resources

AHCCCS TI Website

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

AHCCCS TI Webpage: Year 3 Application

<https://www.azahcccs.gov/PlansProviders/TargetedInvestments/TI2.0/Year3Application.html>

AHCCCS Online: Year 3 TI 2.0 Application Portal

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

AHCCCS TI Webpage: TI 2.0 Program Eligibility & Payment

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

AHCCCS TI Webpage: Milestones Resources

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

TI Program Newsletter

<https://www.azahcccs.gov/PlansProviders/TargetedInvestments/News-Updates/index.html>