

Targeted Investments Year 2 Document Validation

Core Component	Review Criteria
M1.1 - Participate in the Targeted Investment Program Quality Improvement Collaborative (QIC)	M1.1A. Attest , through the TI 2.0 Application Portal once available in December2024, that the organization has attended 100% of the QICs in the program year. AHCCCS will track and review Year 2 QIC group meeting attendance records for demonstration of 100% attendance. Participants do not need to upload or provide documentation to validate QIC attendance unless there is a discrepancy.

Core Component	Review Criteria
M1.2 - Participate in the Targeted Investment Program Quality Improvement Collaborative (QIC)	M1.2A. Submit name(s) , through the TI 2.0 Application Portal once available in December2024, of the individual(s) who have registered for the online learning platform and completed registration documentation (e.g., confirmation email message). Participants do not need to upload or provide documentation to validate unless there is a discrepancy.
	M1.2B. Attest , through the TI 2.0 Application Portal once available in December2024, that the organization has submitted complete, timely projects to the ASU TIPQIC team in the program year. ASU TIPQIC will confirm that the organization has submitted all TI online projects by established due dates and the deliverables meet minimum expectations. Participants do not need to upload or provide documentation to validate unless there is a discrepancy.

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<p>M2 - Plan and implement the National Culturally and Linguistically Appropriate Services (CLAS) Standards</p>	<p>M2A. Upload a completed National CLAS Standards implementation checklist, including a plan for implementing CLAS standards that are not yet in place. (i.e., standards for which the practice selected Planning to Implement or Not Planning to Implement at this Time). The plan must include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Organization review of standards 2-13 (2.2 through 2.13), <input type="checkbox"/> The timeframe in which the practice aims to implement each standard, <input type="checkbox"/> The individual(s) who leading implementation of each standard, <input type="checkbox"/> A list of actions the practice is taking to implement each standard, and <input type="checkbox"/> A description of additional resources the practice may need to implement each standard and how the practice plans to obtain such resources. <p>M2A Naming Convention: M2A CLAS Implementation Checklist and Implementation Plan</p>
	<p>M2B. Upload documentation that demonstrates how the practice recruits and supports a diverse practice team. The documents must include a description of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> How the practice team reflects the diversity of the population the practice serves, <input type="checkbox"/> How the practice's current recruiting and hiring processes support diversity, <input type="checkbox"/> How the practice promotes diversity among various staff roles (e.g., clinical staff, practice management, clerical), <input type="checkbox"/> At least one opportunity to improve diversity throughout the practice (e.g., conducting regular assessments of hiring, retention and workforce demographics) and the practice's plan to act on that opportunity (e.g., promoting mentoring opportunities; building diversity-related performance metrics into management and leadership job descriptions and goals) <input type="checkbox"/> How the practice includes information on providing culturally and linguistically appropriate care in staff training materials, and <input type="checkbox"/> How the practice offers and incentivizes completion of training (in person or virtual) to all employees on providing culturally and linguistically appropriate care. <p>Examples for how to improve recruitment of diverse staff include: development of community-based internships; collaboration with local schools, training programs and faith-based organizations; advertisement of job postings through minority job fairs, job boards and newsletters; development of job postings that are in multiple languages, use gender neutral language, and that consider lived experience; and updating the hiring process to blind-review resumes.</p> <p>M2B Naming Convention: M2B Recruiting and Supporting a Diverse Practice Team</p>

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M2C. Attest, through the TI 2.0 Application Portal once available in Fall 2024, that the processes described in 2B (Standards 2-4) have been implemented by 9/30/2024. **Participants do not need to upload or provide documentation to validate unless there is a discrepancy.**

M2D. NCQA ONLY - Upload documentation that the practice expects will satisfy the requirements for:

☐ NCQA HE 1.A (Building a Diverse Staff), detailing:

- ☐ activities completed
- ☐ activities to be completed
- ☐ key milestones
- ☐ key dates for completion

☐ HE 1.B. (Promoting DEI amongst staff), detailing:

- ☐ activities completed
- ☐ activities to be completed
- ☐ key milestones
- ☐ key dates for completion

AHCCCS will confirm it meets other milestone elements (at minimum) and provide suggestions for what additional documentation NCQA may be looking for.

M2D Naming Convention: M2D NCQA- HE1.A and HE1.B

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Core Component	Review Criteria
<p>M3 - Implement a process for screening addressing health-related social needs (HRSN)</p>	<p>M3A. Upload documentation that outlines how the practice educates the member, obtains consent, performs HRSN screening and discusses screening results. The documents must include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The name of the screening tool and included domains (containing, at minimum: housing instability, utility assistance, food insecurity, transportation needs, interpersonal safety, employment, and justice involvement,). If the HRSN screening is combined with other intake or screening tools, provide a copy. <input type="checkbox"/> The languages in which the screening tool is available; <input type="checkbox"/> A description of the population from whom data are being collected; <input type="checkbox"/> When data are being collected (e.g., prior to the visit, during the visit); <input type="checkbox"/> Where data are being collected (e.g., in the waiting room, in the visit room); <input type="checkbox"/> How data are being collected (e.g., paper form, electronic survey); <input type="checkbox"/> Who collects data/conducts the screen (e.g., community health worker, medical assistant); <input type="checkbox"/> A script (if the screen is administered live) and/or written description (if the screen is administered through a survey) that explains for the member/family/caregiver: <ul style="list-style-type: none"> <input type="checkbox"/> why the practice is conducting the screening, <input type="checkbox"/> how the information will be used, <input type="checkbox"/> how the information will be shared, <input type="checkbox"/> what happens if a need is identified, and <input type="checkbox"/> how the practice will obtain and document member consent for performing the screening. This must include educating members of the option to opt out of screening; <input type="checkbox"/> The practice's process for reducing over screening of members that have recently been screened by a partner organization (e.g., MCO, community service provider) and for which the practice has complete screening data; <input type="checkbox"/> How the practice confirms the screening results correctly identify all of the member's HRSN;; and <input type="checkbox"/> How the practice obtains member consent to referrals to a resource or intervention. <p>M3A Naming Convention: M3A HRSN Screening Tool and Screening Process</p>

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M3B. Upload documentation on the practice's process to document screening and referral results in the practice EHR. The documents must include:

- ☐ The practice's policies for appropriately documenting a positive screen in the EHR (e.g., if practice chooses to document the level of severity for an HRSN, it should be able to aggregate data to provide a yes/no assessment as to whether the member has a positive need).
- ☐ The practice's process for documenting the components from 3A in the EHR.

M3B Naming Convention: M3B Screening and Referral Documentation Process

M3C. Attest, through the TI 2.0 Application Portal once available in Fall 2024, that G and Z codes are utilized to document screening and referral details through claims by 9/30/2024. **Participants do not need to upload or provide documentation to validate unless there is a discrepancy.**

M3C Naming Convention: M3C Proof of Claim with G Code

M3D. Upload documentation on the practice's process to protect data sharing and confidentiality. The documents must include:

- ☐ Information on which practice staff can access which level of data and how the practice periodically updates such access,
- ☐ Policies for how access to data may vary based on device (e.g., laptop, cell phone, paper records),
- ☐ Policies for how the practice protects data based on device (e.g., password protection policies for electronic data, locks to limit access to physical data),
- ☐ Details on permissible and impermissible use of data, and
- ☐ Information on how the practice communicates with members about its policies and procedures around maintaining the privacy and security of individual data.

M3D Naming Convention: M3D Data Sharing and Confidentiality

M3E. NCQA ONLY - Upload documentation that the practice expects will satisfy the requirements for:

- ☐ NCQA HE 2.F (Privacy Protections for Data), detailing:
 - ☐ activities completed
 - ☐ activities to be completed
 - ☐ key milestones
 - ☐ key dates for completion

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☐ NCQA HE 2.G (Notification of Privacy Protections), detailing:

- ☐ activities completed
- ☐ activities to be completed
- ☐ key milestones
- ☐ key dates for completion

AHCCCS will confirm it meets other milestone elements (at minimum) and provide suggestions for what additional documentation NCQA may be looking for.

M3E Naming Convention: M3E NCQA- HE2.F and HE2.G

M3F. If the organization is using an externally-managed electronic closed loop referral system (CLRS) to identify resources, Upload:

- ☐ CommunityCares: A signed CommunityCares Access Agreement and completed Partner Registration Sheet.
- ☐ Other CLRS: A signed and dated statement from any representative at the external entity (MCO, ACO, CIN) managing the CLRS that:
 - ☐ affirms the resources in the CLRS are available to the participating provider organization either directly or through coordinated case management offered by the external entity,
 - ☐ identifies the AHCCCS MCOs in which the resource is available (i.e. which MCOs the ACO/CIN contracts with).
- ☐ List of all AHCCCS MCOs that are contracted with the participating provider organization and indication of which CLRS is available for each. **Only upload this list if your organization is not using the CommunityCares system for all AHCCCS members.***

*Participants that do not utilize the CommunityCares system are expected to have mechanisms to identify community resources for all AHCCCS members. If a CommunityCares is not used for all **contracted** AHCCCS MCOs, participating organizations are required to indicate how resources are identified per MCO.

M3F Naming Convention: M3F Signed CommunityCares Access Agreement and Attestation

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M3G. If the organization is not using an electronic closed loop referral system , upload:

- ☐ Signed attestation from a senior practice leader that the practice has developed and is actively maintaining a registry of CBOs in the practice service area. The practice should upload the most recent registry of CBOs with the attestation.
- ☐ A current copy of the CBO registry.
- ☐ The practice's process for selecting community service providers with which to establish agreements. The documents must, at a minimum, include a description of how the practice performs assessments of:
 - ☐ whether the community service provider delivers services that address social needs that are prevalent within the practice population,
 - ☐ whether the community service provider has the capacity and capability to serve the practice's members, and
 - ☐ whether the community service provider delivers specialized services for a specific subpopulation that aligns with the provider's member population (note: it may not always be feasible to select such partners).

*Participants are not required to satisfy M3G if using CommunityCares to identify resources for all AHCCCS members.

M3G Naming Convention: M3G CBO Registry and Maintenance Processes

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Core Component	Review Criteria
<p>M4 - Connect to and demonstrate effective use of the statewide closed loop referral system (CommunityCares), or other closed loop referral system(s) that can report referral-level information</p>	<p>M4A. Upload the practice's CommunityCares Access Agreement and onboarding plan. Documentation must include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The plan and timeline for onboarding the practice onto the platform (e.g., establish legal partnerships, create user accounts, develop custom reports and/or screening tools) and <input type="checkbox"/> The plan and timeline for training providers on how to use the platform and troubleshooting any issues that arise with the platform (e.g., issues making or checking the status of a referral). <p>M4A Naming Convention: M4A CommunityCares Access Agreement and Onboarding Plan</p>
	<p>M4B. Upload a signed attestation from senior practice leadership (e.g., medical lead, financial lead, lead executive, or other practice leadership) that team members have accounts to log into CommunityCares. Must include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The name(s) and title(s) of practice team member(s) who have accounts to log into CommunityCares, <input type="checkbox"/> The name and title of the individual who will serve as the administrator responsible for generating reports using CommunityCares data, and <input type="checkbox"/> The name, role, and signature of the senior practice leader. <p>M4B Naming Convention: M4B Signed Attestation of Staff Access</p>
	<p>M4C. Upload documentation identifying the team member(s) responsible for utilizing the administrative functions of CommunityCares, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Periodically updating information about practice operations: <ul style="list-style-type: none"> <input type="checkbox"/> team member(s) responsible, <input type="checkbox"/> the frequency of these updates, <input type="checkbox"/> the specific data the practice updates, e.g., office hours, including weekend and after-hours availability, address, telephone number, service offerings (e.g., primary care, behavioral health care), <input type="checkbox"/> cultural and linguistic capabilities, including languages (including American Sign Language) offered by the practice, either by providers or skilled medical interpreter (indicate if the interpreter is onsite or offsite), availability to accept referrals), <input type="checkbox"/> website URL, and

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- ☐ whether the practice location has accommodations for individuals with physical disabilities, including in offices, exam room(s), equipment.
- ☐ Generating reports:
 - ☐ team member(s) responsible
 - ☐ the types of reports that the practice generates (e.g., most common member needs, number of types of referrals made, individuals who are making referrals, referral status), and
 - ☐ the frequency each report is generated.

M4C Naming Convention: M4C CommunityCares Administrative Processes

M4D. Upload documentation that describes the practice's policies and procedures for using CommunityCares and/or other MCO, ACO, or CIN HRSN referral programs, as appropriate to make electronic service referrals to CBOs. Clearly state which systems are used for each health plan and age group (Adults and Pediatrics). Documentation must include:

- ☐ How to request and document consent from patient to share information and refer to CBO for services;
- ☐ Description of explanation to member/family/caregiver of steps to expect once a referral is made;
- ☐ Description of practice process for making electronic referrals, including determining the need for referral based on screening results, member/family/caregiver consultation and consent, practice team member responsible for making referral, practice workflows for making and documenting referrals
- ☐ Description of process upon notification of fulfillment from CBO, including how the information will be transmitted to the practice and process for documenting referral into member's EHR.
- ☐ **If using a system other than CommunityCares:** Documentation of processes to send referral data to AHCCCS, including: AHCCCS ID, date screened, screening results, referral to (community service provider), referral date, referral method (e.g., telephone), and current referral status.
- ☐ **If leveraging an MCO, ACO, or CIN referral program reports:** Documentation of an implemented data sharing agreement and processes for the entity to send screening and referral data, as described above, to AHCCCS on a monthly basis by 4/30/2025.

M4D Naming Convention: M4D Electronic Referral Processes

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Core Component	Review Criteria
<p>M5 - Identify health inequities prevalent within the population attributed to the practice and implement plans to reduce them</p>	<p>M5A. Submit a completed AHCCCS Health Equity Collaboration Analysis using the template provided by AHCCCS via Google Form or submitting the completed xls to TargetedInvestments@azahcccs.gov. Due 8/31/2024.</p>
	<p>M5B. NCQA ONLY - Submit an update on compliance with all required HE Accreditation elements applicable to providers as listed on the formal gap analysis and any relevant information related to the gap analysis, including initial findings, key dates, completed activities, remaining activities, etc. Due 9/30/2024.</p> <p>AHCCCS will provide the AHCCCS- Modified NCQA HEA 2024 Gap Analysis. Participants can prepare by reviewing the NCQA Gap Analysis tool in the NCQA IRT portal. NCQA will demonstrate how to use the IRT portal in a workgroup this May. Contact targetedinvestments@azahcccs.gov if your team does not have the tool.</p>
	<p>M5C. Upload documentation that demonstrates the practice's process for collecting, documenting and maintaining member-reported demographic data for race/ethnicity, primary language, disability status, geography, sex assigned at birth, gender identity and sexual orientation. The documents must include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Process for collecting these data from members (i.e., when data are being collected, where data are being collected, how data are being collected, who collects the data, the questions and/or script being used to collect the data, which should include an explanation to the member of why the data are being collected, how data will be used, how it will not be used, and with whom it will be shared and for what purpose(s)), <input type="checkbox"/> Processes for reconciling differences in the member's EMR between the most recent member-reported data vs. data reported by AHCCCS and/or health plans, <input type="checkbox"/> Procedures for sharing demographic data with members of the care team (i.e., information on which practice staff can access which level of data, how access to data may vary based on device, how the practice protects data based on device, permissible and impermissible use of data and how the practice communicates with members and updates its policies and procedures related to data sharing and confidentiality), and <input type="checkbox"/> Screenshots of the fields in the practice EHR and intake forms to document each of the demographic variables for which the practice collects data, including the question format as well as the member response options for each variable, confirming: <ul style="list-style-type: none"> <input type="checkbox"/> response options align with statewide data standards where specified by AHCCCS and <input type="checkbox"/> if applicable, the timeframe in which changes will be made to align with these standards.

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AHCCCS will define these standards consistent with Federal and State guidance in the Summer, 2024. Participants will have a reasonable timeframe to implement these changes.

M5C Naming Convention: M5C Member Demographic Processes

M5D. NCQA Only - Upload documentation that the practice expects will satisfy the requirements for:

- ☐ NCQA HE 2.A (Systems for Individual-Level Data), detailing:
 - ☐ activities completed
 - ☐ activities to be completed
 - ☐ key milestones
 - ☐ key dates for completion
- ☐ NCQA HE 2.B (Factor 1) [Collection of Data on Race/Ethnicity - Direct Collection of Data from All Individuals], detailing:
 - ☐ activities completed
 - ☐ activities to be completed
 - ☐ key milestones
 - ☐ key dates for completion
- ☐ NCQA HE 2.C (Factor 1) [Collection of Data on Language - Direct Collection of Language Needs from All Individuals], detailing:
 - ☐ activities completed
 - ☐ activities to be completed
 - ☐ key milestones
 - ☐ key dates for completion
- ☐ NCQA HE 2.D (Collection of Data on Gender Identity), detailing:
 - ☐ activities completed
 - ☐ activities to be completed
 - ☐ key milestones
 - ☐ key dates for completion
- ☐ NCQA HE 2.E. (Collection of Data on Sexual Orientation), detailing:
 - ☐ activities completed
 - ☐ activities to be completed
 - ☐ key milestones

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- ☐ key dates for completion

AHCCCS will confirm it meets other milestone elements (at minimum) and provide suggestions for what additional documentation NCQA may be looking for.

M5D Naming Convention: M5D NCQA HE 2.A, HE 2.B-1, HE 2.C-1, HE 2.D, HE 2.E

M5E. Upload documentation that demonstrates the practice's policies and procedures for stratifying performance on quality incentive measures using clinical data stratified by (a) member-reported demographic data (i.e., the variables specified in milestone 5.C) and/or (b) HRSN data collected in milestone 3 in the practice EHR. Practices should report stratified performance for all subpopulations, regardless of the size of the denominator. Documentation must include:

- ☐ Description of the source of referenced data (e.g., EMR, MCO gap-reports), including:
 - ☐ frequency of receiving the data
 - ☐ processes to pull or otherwise receive the data
- ☐ Description of how, if more than one source is used, the data are matched from one system to another (i.e. "primary index")
- ☐ Description of how stratified metrics are generated (e.g., which EMR report)
- ☐ If an ACO/CIN is assisting the practice with this effort, describe:
 - ☐ how each ACO/CIN supports the clinic for mutual members
 - ☐ how the practice completes this effort for AHCCCS members not enrolled with the ACO/CIN.

M5E Naming Convention: M5E Measure Stratification Processes

M5F. NCQA Only - Upload documentation that the practice expects will satisfy the requirements for:

- ☐ NCQA HE 6.A (Reporting Stratified Measures), detailing:
 - ☐ activities completed
 - ☐ activities to be completed
 - ☐ key milestones
 - ☐ key dates for completion
- ☐ NCQA HE 6.B (Use of Data to Assess Disparities), detailing:
 - ☐ activities completed
 - ☐ activities to be completed
 - ☐ key milestones
 - ☐ key dates for completion

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	<p>AHCCCS will confirm it meets other milestone elements (at minimum) and provide suggestions for what additional documentation NCQA may be looking for.</p> <p>M5F Naming Convention: M5F NCQA HE 6.A and HE 6.B</p>
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Core Component	Review Criteria
M6 - Tobacco Cessation	<p>M6A. Attest, through the TI 2.0 Application Portal once available in Fall 2024, that each TIP2.0 Justice clinic has a tobacco cessation champion (including virtual). Participants do not need to upload or provide documentation to validate unless there is a discrepancy.</p>
	<p>M6B. Upload documentation describing the communications and information-sharing process between staff trained in tobacco cessation counseling and the justice clinic's tobacco cessation champion/relevant leadership. Documentation must describe:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name(s) and position(s) of staff who completed the tobacco cessation training, the name of the training program(s), and the date(s) of the program(s) attended. <input type="checkbox"/> Processes for how the tobacco cessation champion ensures tobacco cessation programming and counseling are being administered according to the training and established standards (including virtual). <p>M6B Naming Convention: M6B Internal Tobacco Cessation Communication Processes</p>
	<p>M6C. Upload documentation describing the clinic's processes for offering evidence-based tobacco counseling and treatment to members and informing other reentry coordinators. Documentation must include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The name(s) of the evidence based tobacco counseling program(s) utilized, (e.g., motivational interviewing, the 5 A's, the 5 R's, ASHLine training). <input type="checkbox"/> How the clinic provides tobacco counseling and treatment virtually or otherwise promotes accessibility to all members, and <input type="checkbox"/> How the tobacco cessation specialist and/or TIP Justice Clinic Re-entry team (core component 7) educates the MCO justice liaisons, justice transition teams within the detention center, and any other entity involved with coordinating the individual's reentry about the services desired by that individual and availability of the service generally. <p>M6C Naming Convention: M6C Offering Tobacco Cessation and External Coordination Processes</p>

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Core Component	Review Criteria
M7 - Early Reach-In	M7A. Upload a blank placeholder document with the below naming convention to satisfy the documentation requirement.
	M7A Naming Convention: M7A Reentry Coordination Protocols
	M7B. Upload a blank placeholder document with the below naming convention to satisfy the documentation requirement.
	M7B Naming Convention: M7B PHI Sharing Protocols