Targeted Investments Year 3 Document Validation Criteria

Note: The intent is that NO protected health information [PHI] is uploaded through the TI attestation portal. Additional resources are available on the last page of this document.

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Core Component	Milestone	Validation Method	Review Criteria
1	Progress Report; Updated IPAT Score.	Submit IPAT score through the Attestation Portal to AHCCCS.	Complete and submit an updated IPAT score between August 1 and September 30, 2019.
2	Attest that the care manager is utilizing the practice registry to track integrated care management.	Maintain evidence that member progress in tracked consistent with Core Component 3A and/or 3B.	N/A
3	Document that care managers have been trained in motivational interviewing, are conducting motivational interviewing with high risk members, and attest that the care manager has completed all required documentation.	Upload certificate or other documentation of Motivational Interviewing training, and submit self-audit results through the Attestation Portal to AHCCCS. Upload Self -audit results through the Attestation Portal to AHCCCS;	Care Manager(s) motivational interviewing training requirement ☐ CEU certificate and course description. ☐ % Results submitted compared to 85% target.

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4	Attest that, the integrated care plan, which includes established data elements, is documented in the electronic health record 70% of the time.	Upload Self-audit results through the Attestation Portal to AHCCCS; Maintain evidence that integrated care plans are documented in the electronic health record 70% of the time.	☐ % Results submitted compared to 70% target.
5	Attest that 85% of members were screened using the identified tool, and for those who scored positively, the care manager connected the member to the appropriate community resource and documented the intervention/referral.	Upload Self-audit results through the Attestation Portal to AHCCCS; Maintain evidence that members were screened 85% of the time and connected to appropriate community resource.	☐ % Results submitted compared to 85% target.

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6	Attest that a warm hand-off if co-located or provider to provider referral if not co-located, consistent with the practice's protocol, occurred 85% of the time for members identified as having received behavioral health and/or primary care services.	Upload Self-audit results through the Attestation Portal to AHCCCS; Maintain evidence that members identified as having received behavioral health and/or primary care services were connected with a warm hand-off if co-located, or provider/licensed professional to provider/licensed professional referral if not co-located, 85% of the time.	☐ % Results submitted compared to 85% target.
7	Attest that a reassessment if clinically necessary occurred for within the evidence-based timeframe recommended 85% of the time.	Upload Self-audit results through the Attestation Portal to AHCCCS; Maintain evidence that reassessment if clinically necessary occurred for within the evidence-based timeframe.	☐ % Results submitted compared to 85% target.

8	Attest that the prescriber complied with the AZ guidelines for opioid prescribing 85% of time.	Upload Self-audit results through the Attestation Portal to AHCCCS; Maintain evidence that the prescriber complied with the AZ guidelines for opioid prescribing 85% of time.	☐ % Results submitted compared to 85% target.
9	A. Attest that the practice is transmitting data on a core data set for all members to Health Current ; AND B. Implement policies and procedures that require longitudinal data received from Health Current to be routinely accessed and used to inform care management of high-risk members/	Maintain evidence that the practice is transmitting data on a core data set for all members to Health Current; Upload policies and procedures through the Attestation Portal to AHCCCS that require longitudinal data received from Health Current to be routinely accessed and used to inform care management of high-risk members.	N/A Policies and procedures must address: ☐ Timeframes ☐ The types of data reviewed ☐ Staff responsibility for the data review ☐ The criteria for the review and follow up of high risk members

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10	Attest that the practice has implemented the **AHCCCS defined member and family experience survey questions** and that the information obtained from the surveys is used to improve the referral relationships with an action plan.	Upload the action plan through the Attestation Portal to AHCCCS summarizing the survey results and how response trends are addressed. Upload the Member/Family Survey Results Tabulation Excel Spreadsheet through the Attestation Portal to AHCCCS.	The action plan must include: ☐ Trends identified ☐ Process improvement Complete and Submit the Member/family Survey Results Tabulation Spreadsheet: ☐ Tabulation Spreadsheet Instructions for using the spreadsheet
11	Prioritized access for appointments for individuals listed in the high-risk registry (HRR).	Upload the protocol through the Attestation Portal to AHCCCS.	The protocol must include: ☐ The protocol for identifying individuals in the HRR at time of making appointments to be seen in the practice or appointments made on behalf of members when referred for BH and/or PCP care. ☐ The process for monitoring the effectiveness of the protocol.
12 [Wave 2]	Documentation that the practice has executed contracts with the AHCCCS Complete Care (ACC) plans and RBHA's by March 31, 2019.	Upload portion of the contracts (cover page and signatures) through the Attestation Portal to AHCCCS.	The uploaded contract documentation must show: ☐ The Wave 2 site practice has executed contracts by March 31, 2019 with MCOs. ☐ The integrated services delivered within the practice to be reimbursed.
13[Wave 1 and Wave 2]	Establish an integrated health care setting(s) co-located with select county probation offices and/or DOC parole offices by March 31 2019.	Upload a description of the co-located site arrangement On-site review	Description of the co-located site arrangement must include: ☐ Physical proximity to the probation and/or parole location ☐ Number of hours per week that the probation/parole staff is present at the co-located Justice site ☐ The method by which the clinic staff and justice partner staff regularly communicate regarding the members' care

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14[Waves 1 & 2]	A. Attest to development of procedures for identifying and providing eligibility and enrollment support; AND B. Attest that there is a means for obtaining and analyzing, the member experience, AND C. Attest to development and implementation of changes in the outreach plan in response to member experience	A. Upload procedure for identifying and providing eligibility and enrollment support to individuals transitioning to probation and/or DOC parole offices through the TI attestation portal B. Maintain evidence that there is a means for obtaining and analyzing the member experience C. Upload changes to the outreach plan in response to member experience information	The procedures must include: ☐ The process for identifying eligibility ☐ The process for providing enrollment support The Outreach Plan must include: ☐ Changes in response to member feedback
14 [Wave 2]	Outreach plan, in cooperation with the probation and parole offices to encourage individuals pre- and post-release to utilize the established integrated clinic	Submit the plan through the Attestation Portal to AHCCCS	The plan must include: ☐ The process by which the practice will identify individuals who are pre-release and have medium to high criminogenic risk, in conjunction with probation and parole offices ☐ The staff responsible for assisting individuals in completing the Medicaid enrollment process

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15 [Waves 1 and 2]	The care manager has incorporated the reach-in care plan, the Comprehensive Mental Health Court Contract and the community supervision case plan into the integrated care plan.	Upload Self-audit results through the Attestation Portal to AHCCCS; Maintain evidence that the care manager has incorporated the reach-in care plan for members whom the practice has identified as receiving behavioral health services and were assigned to probation/parole with mid-level criminogenic risk during the past 12 months attest that the care manager has incorporated the reach-in care plan, the Comprehensive Mental Health Court Contract and the community supervision case plan into the integrated care plan, at least 85% of the time.	☐ % Results submitted compared to 85% target.
15 [Wave 2]	Protocol that incorporates information into the care plan as a result of "reach-in" activities, the Comprehensive Mental Health Court Contract and the community supervision case plan into the integrated care plan,	Submit the protocol through the Attestation Portal to AHCCCS.	The protocol must include information into the integrated care plan: ☐ From MCOs on a timely basis with regard to their "reach-in" efforts; ☐ Regarding the mandated health care services from the Comprehensive Mental Health Court Contract, and from the community supervision case plan.

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16 [Wave 2]	Protocols to provide MAT of opioids using evidence-based guidelines.	Description of the location/services in which MAT services are provided On-site review	Description of the location/services in which MAT services are provided including: ☐ Services provided to members receiving MAT ☐ Distance from co-located site ☐ Wait time for MAT to be initiated
16 [Waves 1 and & 2]	A. Document protocols that are consistent with SAMHSA's MAT of opioids evidence-based guidelines, AND B. Provide three examples of it meeting the MAT guidelines for members with opioid addiction.	Submit the protocol through the Attestation Portal to AHCCCS. Submit examples of meeting the MAT guidelines for members with opioid addiction through the Attestation Portal to AHCCCS.	The protocol must include: ☐ Assess the need for treatment ☐ Educate the patient about risks/benefits of the medication ☐ Evaluate the need for medically managed withdrawal ☐ Address co-occurring disorders ☐ Integrate pharmacologic & non-pharmacologic therapies ☐ Refer for higher level of care if necessary The examples must include: ☐ 3 anonymous examples of meeting the MAT guidelines for members with opioid addiction (**no PHI**) ☐ An anonymous description of the members' history ☐ A description of the use of the MAT guidelines

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17 [Waves 1 and 2]	Attest that peers and family support specialists have been trained using AHCCCS identified & approved Forensic Peer and Family Training Section 2
	
	Attest and demonstrate that all members served are provided information that enables their choice of services from:
	    A. An AHCCCS recognized Forensic Peer & Family Run organization, AND
	    B. A Forensic Peer & Family specialist on staff at the TI Justice provider clinic who is eligible and trained using AHCCCS identified & approved Forensic Peer and Family Training, AND
	Waves 1 and 2 (By September 30, 2019): Attest that peers and family support specialists have been trained using AHCCCS identified & approved Forensic Peer and Family Training Section 3.
		Submit documentation through the Attestation Portal to AHCCCS	The documentation must include:
			
			☐ Certificate of completion from Relias that include dates of completion and names of individuals trained to be Forensic Peers
			☐ Certificate of completion from Relias that include dates of completion and names of individuals (or organizations) who are providing Family supports.
			☐ Evidence that the member is offered choice of Forensic Peer (e.g. pamphlets, brochures that include this choice language)

17 [Wave 2]	Peer and family support plan using evidence-based approaches that incorporates AHCCCS identified & approved training & credentialing peer and family support specialists	Submit the plan through the Attestation Portal to AHCCCS.	The integrated practice's peer and family support plan must include: ☐ Peers and family specialists as part of the co-located staff ☐ Job responsibilities of peers and family specialists ☐ Attestations that peers and family support specialists have been trained using AHCCCS identified and approved Forensic Peer and Family training.
18	Targeted Investments program-offered learning collaborative	N/A	N/A

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Resource links

Core Component #1:

Organizational Assessment Toolkit (OATI)

Massachusetts Behavioral Health Integration Toolkit (PCMH)

PCBH Implementation Kit

Integrated Practice Assessment Tool (IPAT)

Core component #3:

Motivational Interviewing Training Examples

https://cabhp.asu.edu/content/motivational-interviewing

https://reliasacademy.com/browse/productDetailSingleSku.jsp?productId=c61576

https://ce.pharmacy.purdue.edu/mi/introduction

Core component #5:

Patient–Centered Assessment Method (PCAM)

The Health Leads Screening Toolkit

Hennepin County Medical Center Life Style Overview

The Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE)

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Core Component #6:

Riverside Protocol Example

Riverside Protocol Example (Word Version)

Core Component #8:

Arizona Opioid Prescribing Guidelines for acute and chronic pain

Core Component #16:

Medication Assisted Treatment of Opioid Use Disorder Pocket Guide

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