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 available on the last page of this document.

Version date: 6/21/2019

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 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.
3	Attest that 85% of members were screened using the identified tool, and for those who scored positively, the case/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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4	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 primary care services.	Upload Self-audit results through the Attestation Portal to AHCCCS; Maintain evidence that members identified as having received 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.
5	Attest that the practice performed the ECSII 85% of the time and incorporated service intensity recommendations into the integrated treatment plan.	Upload Self-audit results through the Attestation Portal to AHCCCS; Maintain evidence that members were screened 85% of the time the ECSII was performed on children 0-5 and incorporated into the integrated treatment plan.	☐ % Results submitted compared to 85% target.

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6	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; AND 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.	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
7	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
8	Attest to utilizing the evidence based practices and coinciding case management that have been established in Year 2 for trauma-informed care that encompass the SAMSHA 6 Guiding Principles for trauma-informed care.	Upload the protocols for utilizing the AHCCCS-defined evidence-based practices that were identified in year 2.	The protocols must include: ☐ The evidence-based practices ☐ The trauma-informed services provided ☐ Responsible staff

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9	Attest that 85% were referred to the appropriate providers, consistent with the Arizona established diagnostic and referral pathways, AND Identify the name(s) of the ASD Specialized Diagnosing Providers with which the site has developed a communication protocol and referral agreement.	Upload Self-audit results through the Attestation Portal to AHCCCS; Maintain evidence that 85% of members screened as positive on the M-CHAT, ASQ or PEDS tool were referred to the appropriate providers; AND Upload The name(s) of the ASD Specialized Diagnosing Providers with which the primary care or behavioral health site has developed a communication protocol and referral agreement.	☐ % Results submitted compared to 85% target. A list of the ASD Specialized Diagnosing Providers with which a communication protocol and referral agreement has been developed. The List must include: ☐ Names ☐ Specialty ☐ Location The communication protocol and referral agreement must include: ☐ Agreement partner ☐ Referral process ☐ Timeliness
10	Attest to the development and implementation of policies and procedures that guide the practice in providing information regarding parent support and other resources for families and other caregivers of children/youth with ASD.	Upload the policies and procedures that guide the practice in providing information regarding parent support and other resources for families and other caregivers of children/youth with ASD.	The policies and procedures must include: ☐ Resources that are provided ☐ Responsible staff ☐ Process updating resources

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11	Attest to the development and implementation of policies and procedures for facilitating the transition of care for teenagers and young adults with ASD, who will be aging out of pediatrics and seeking care from adult primary care and/or behavior health providers.	Upload the policies and procedures that guide the practice in facilitating the transition of care for teenagers and young adults with ASD, who will be aging out of pediatrics.	The policies and procedures must include: ☐ Continuum of services dependent on individual needs ☐ Preparation for living independently ☐ Hand-off process to specific adult providers including specialists
12	Attest to the development and implementation of protocols used for obtaining records for children/youth in the foster care system, prior to and after the first visit, and for addressing psychotropic medication needs, AND Attest to the development and implementation of protocols for addressing medication needs of children/youth engaged in the foster care system, consistent with this Core Component.	Upload the protocols used for obtaining records for children/youth engaged in the foster care system; AND Upload the protocols used for obtaining records for children/youth engaged in the foster care system; AND	The policies and procedures must include: ☐ Review of health record ☐ Obtaining consents to treat and request medical records from prior providers and MCOs ☐ Responsible staff The protocols must include: ☐ Review of information gathered by the Care Coordinator/Case Manager for prior medical or behavioral health providers, and use of psychotropic medications. ☐ Review of psychotropic medications previously prescribed with the child/youth, or as appropriate, and guardian at the initial visit. ☐ Responsible staff

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13	A. Attest to the development and implementation of policies and procedures for developing and sharing comprehensive after-visit summaries with foster parents/guardians that contain referrals and recommendations, AND	Upload the policies regarding sharing of after-visit summaries	A. The policies must include: ☐ Trauma screen ☐ Current Traumatic Stress Reactions / Behaviors / Functioning ☐ Developmental Issues ☐ Medical issues ☐ Recommendations
	B. Document protocols for assessing risk and educating foster parents/guardians on the child's needs, AND	Upload the protocols regarding assessing risk and educating foster parents/guardians.	B. The protocols must include: ☐ Comprehensive after-visit summary ☐ Recommendations on assessing safety risk, medical/ behavioral issues at home ☐ Education about the child's physical and emotional needs
	C. Document protocols that ensure confidentiality between the member and provider	Upload the protocols that ensure confidentiality between the member and provider.	C. The protocols include Recommendations from: See "Consent & Confidentiality in Adolescent Health Care: A Guide for the Arizona Health Practitioner. http://www.azmed.org/resource/resmgr/Publications/2015_Adol_Consent_Conf_Bookl.pdf?hhSearchTerms=%22confidentiality%22
14	TI Program-offered learning collaborative	No milestones due for 2019	N/A

Resource Links

Core Component #1:

Integrated Practice Assessment Tool (IPAT)

Organizational Assessment Toolkit (OATI)

Massachusetts Behavioral Health Integration Toolkit (PCMH)

PCBH Implementation Kit

Core Component #3:

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)

Core Component #4:

Riverside Protocol Example

Riverside Protocol Example (Word Version)

Core Component #5:

Early Childhood Service Intensity Instrument (ECSII)

Core Component #9:
RBHA Resources:

https://www.mercymaricopa.org/providers/resources/providers-autism

https://www.azcompletehealth.com/find-a-doctor.html

https://www.stewardhealthchoiceaz.com/health-wellness/childrens-behavioral-health/

AHCCCS Resources:

Arizona established diagnostic and referral pathways:

https://www.azahcccs.gov/PlansProviders/TargetedInvestments/Downloads/PCP_SYSTEM_PATHWAY_2-22-19.pdf

Back to Basics-Developmental Screening:

https://www.azahcccs.gov/PlansProviders/TargetedInvestments/Downloads/ASD.pptx

Core Components #10 and #11:

https://www.azahcccs.gov/shared/asd.html

https://www.azahcccs.gov/shared/Downloads/ASD/EBPTool053117.pdf

Core Component # 13

Discharge Form

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