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.

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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, 2019 and Sept 30, 2019.
2	Attest that the care manager is utilizing the practice registry to track integrated care management.	Maintain evidence to include that member progress is 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 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 must include: ☐ 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 85% 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 85% of the time.	☐ % Results submitted compared to 85% 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.
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 services.	Upload Self-audit results through the Attestation Portal to AHCCCS; Maintain evidence that members identified as having received behavioral health 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.

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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 occurred 85% of the time.	☐ % 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.

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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
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	Protocol used to prioritize access to appointments for members 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 care ☐ The process for monitoring the effectiveness of the protocol

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12	Protocols for using a Trauma-Informed Approach to caring for all children/youth in the high-risk registry.	Upload the protocol through the Attestation Portal to AHCCCS.	The protocol must include: ☐ How screening for trauma is conducted, ☐ How often the screening is conducted, ☐ Which evidence-based screening tools are used ☐ How assessments or referrals for assessments will be made for children/youth who screen positive.
13	A. For members that screened as positive, the percent referred to the appropriate providers, consistent with the Arizona established diagnostic and referral pathways B. 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.	Upload Self-audit results through the Attestation Portal to AHCCCS; On-site evidence that referrals were made to appropriate providers. Upload the list of ASD Specialized Diagnosing Providers with which a communication protocol and referral agreement was developed; communication protocol and referral agreement.	N/A A list of the ASD Specialized Diagnosing Providers with which a communication protocol and referral agreement has been developed. The ASD Specialized Diagnosing Providers list includes: ☐ Names ☐ Specialty ☐ Location The communication protocol and referral agreement must include: ☐ Agreement partner ☐ Referral process ☐ Timeliness

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14	For pediatricians, family physicians, advance practice clinicians and care managers-completion of an ASD training program for CEUs in the last three years.	Upload CEU documentation or other proof on training. Maintain evidence that 85% of pediatricians, family physicians, advance practice clinicians and care managers, who have been with the practice for at least 12 months, have completed an ASD training program for CEUs in the last three years.	The CEU documentation must include: ☐ CEU Certificate-noting number of CEUs ☐ Course description ☐ % Results submitted compared to 85% target
15	Policies and procedures regarding parent support for families and other caregivers of children/youth with ASD.	Upload the policies and procedures through the Attestation Portal to AHCCCS.	The policies and procedures must include: ☐ Parent support information ☐ The practice use of available resource lists
16	Policies and procedures that guide the transition of care for teenagers and young adults with ASD, who will be aging out of pediatrics.	Upload the policies and procedures through the Attestation Portal to AHCCCS.	The policies and procedures must include: ☐ Continuum of services dependent on individual needs ☐ preparation for living independently ☐ Hand-off process to adult providers including specialists-identify specific providers
17	A. Protocols used for obtaining records for children/youth engaged in the foster care system; AND B. Protocols for addressing any medication needs of children/youth engaged in the foster care system.	Upload the protocols used for obtaining records for children/youth engaged in the foster care system.	The policies and procedures must include: ☐ Review of health record ☐ Obtaining consents to treat and request medical records from prior providers and MCOs ☐ staff responsibility

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18	Attest that the practice measures gaps in well-care visits for children/youth in the foster care system based on the enhanced EPSDT periodicity schedule.	Maintain on-site evidence that the practice is measuring gaps in well-care visits for children in the foster care system as required in the practice's policies and procedures	EPSDT policy and procedure must include: ☐ Procedures for ensuring patients are scheduled in accordance with the enhanced EPSDT policy for children/youth in the child welfare system.

| 19 | A. policies and procedures for developing and sharing comprehensive after-visit summaries with foster parents/guardians that contain referrals and recommendations
B. protocols for assessing risk and educating foster parents/guardians on the child's needs
C. protocols that ensure confidentiality between the member and provider. | Upload the protocols, policies, and procedures through the Attestation Portal to AHCCCS. | The policies and procedures must include:
☐ Trauma & developmental screen findings
☐ Recommendations
☐ Follow up referral
☐ Resources

The protocol must include:

☐ Home medical/behavioral monitoring recommendations.

☐ Parent education on the child's physical & emotional needs.

☐ The protocol includes recommendations and guidance from the following sources:

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

DBHS Practice Tools: Youth Involvement in the Arizona Behavioral Health System.
https://www.azahcccs.gov/PlansProviders/Downloads/GM/ClinicalGuidanceTools/YouthInvolvementChildrensBehavioralHealthSystemPracticeTool/YouthInvolvementChildrensBehavioralHealthSystemPracticeTool.pdf |

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

https://cne.nursing.arizona.edu/oltpublish/site/program.do?dispatch=showProgramSession&id=87836c34-5903-11e7-a6ac-0cc47a352510&inner=false

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 #13

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

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Core Components #15 and #16:

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

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

Core Component # 19

Discharge form