



Targeted Investments Program

Information Session

Speakers

AHCCCS

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Program Administrator
- Jane Otenyo, MPH
Project Manager
- Vishal Etikala, MS
Research & Statistical Analyst Senior

ASU

- Samantha Basch
Project Coordinator
- Kailey Love, MBA, MS
Project Manager

Agenda

- ❑ Program Overview
- ❑ Participation and Timeline
- ❑ Technical Assistance
- ❑ Application and Document Review
- ❑ AHCCCS Online TI Portal
- ❑ Resources
- ❑ Q & A

Tips for successful ZOOM PARTICIPATION



MUTE your mic
when you're not
speaking



BACKGROUND
NOISE watch when
turning on mic



Limit the
DISTRACTIONS
around you



Look at the
CAMERA
not your screen



PREPARE & queue
docs or links that
you plan to share



Stay FOCUSED by
not texting or side
conversations



Use GALLERY
VIEW to see all
participants



Use CHAT to ask
questions or share
resources

This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

Please disconnect from this meeting if you do not agree to these terms.

Program Overview

Targeted Investments (TI 2.0)

Initiatives

- **Culturally and Linguistically Appropriate Services:** Staff cultural competency (CLAS standards)
- **Health Related Social Needs:**
 - Use of closed loop referral system (enhancing referral/coordination protocols).
 - SDOH: Identify predominant social needs of patient population and outcomes, address with enhanced coordination with social service providers.
- **Population Health / Health Equity:** Identify and analyze health inequities in patient population.

Targeted Investments (TI 2.0)

PCP Specific

- Postpartum Depression Screening (Adult & Peds PCP)
 - Encouraging OB/GYNs to participate in Adult Primary Care to identify and address inequities in maternal health outcome
- Dental varnish (Peds Only)

Criminal Justice Specific

- Tobacco Cessation
- Identify inequities specific to the population (e.g., criminogenic risk and housing instability)

TI 2.0 Participation

Participation- TIN level

- **Primary Care:** ICs, PCP clinics **including OB/GYNs**
- **Behavioral Health:** 77s, ICs ****FQHCs that bill under a 77 or IC provider ID****

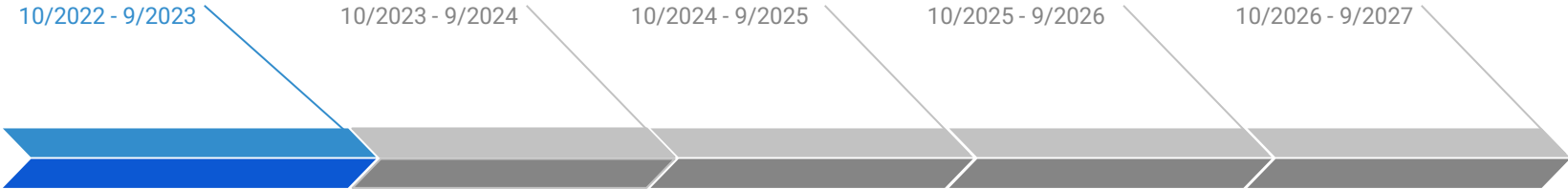
Participation- Justice Clinics

- **Provider Types:** ICs, FQHCs, RHCs, 77s
- **Justice Partner:** County probation or State parole required, other justice agencies encouraged
- **Competitive:** Clinics with the strongest relationships with justice partner(s) that best meet the needs of the target population

Medicaid Enrollment Requirement

- Participants must be an enrolled medicaid provider and have an active AHCCCS Provider Number, NPI & TIN in order to participate in the program

TI 2.0 Timeline



Year 1

Onboarding/Application

Year 2

Establish new systems and processes

Meet targets on performance measures

Year 3

Implementation and Evaluation of systems and processes

Meet targets on performance measures

Year 4

Meet targets on performance measures

Year 5

Meet targets on performance measures

Year 1: Application Process

1. Use the [Application Summary](#) to prepare application documents to participate in PCP, BH, or both.
2. Secure access to the [AHCCCS Online](#) portal and confirm permission to access the “Targeted Investments 2.0” application portal.
3. Confirm all facility and non-facility providers are accurately enrolled with AHCCCS via [AHCCCS Provider Enrollment Portal \(APEP\)](#) (service address, tax ID affiliation, specialty, etc).
3. Submit Application by **5 p.m. (Arizona/Mountain Time) on October 20, 2023**

Year 2 - Year 5: Annual Requirements

- **Years 2-3: Process-based Milestones**

- Create and implement policies and procedures that align with TI 2.0 initiatives.

- **Years 2-5: Performance Measures**

- Attain performance measure targets for measures that align with VBP measures and national stewards.
- Meeting target on Stratified Performance Measures.
 - i. HRSN, geography, age, disability, etc.
- Participate in quality improvement activities, such as quarterly learning collaborative meetings, smaller QI workgroups, and process mapping.
- Target setting methodology, strata, and performance measures still in review.

Technical Assistance

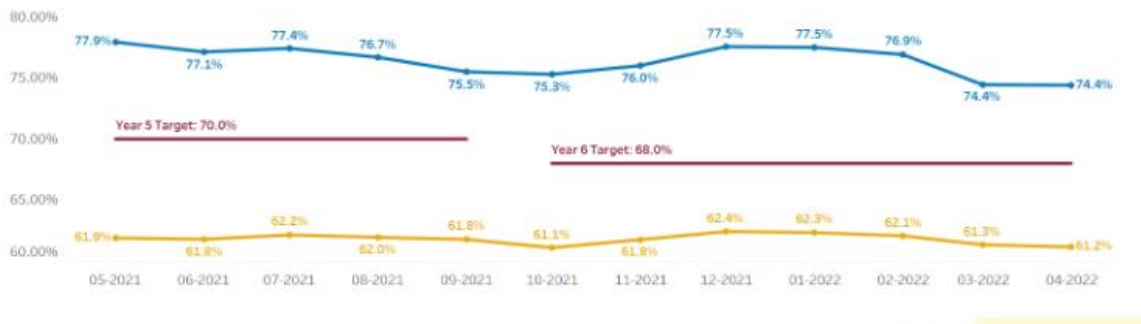
TIPQIC - Technical Assistance

- Peer Learning and Collaboration
 - **SMEs:** ADHS-Tobacco Cessation, Contexture/Community Cares, NCQA, Other states or provider networks, Universities
 - **Community Partners:** Organizations delivering community services, advocacy groups, ACOs/CINs, MCOs
- Individualized Technical Assistance available upon request for process based quality improvement assistance
- Assist with internal reporting and identify areas for improvement
- Share [best practices](#) and facilitate peer learning
- Assist with efficient onboarding new staff to TI

TIPQIC - Technical Assistance

- Enhanced performance dashboards with 5 month lag
- ASU TIPQIC personalized analysis sessions for provider's quality improvement
- Quality Improvement
 - 1:1 process-audits
 - 1:10 workgroups
 - 1:60 collaboratives
- ASU TIPQIC attribution
- Many enhancements planned for TIP 2.0

Performance on Measure (Each month is a 12-month report period)



TI 2.0 Application

Application Deadlines and Deliverables

- Submit an application through the AHCCCS Online Targeted Investments Portal
 - Application portal opened on **September 1, 2023**
 - **9/1 - 10/20:** BH and Justice Applicants only
 - **9/12 - 10/20:** Any organizations applying for Primary Care
 - Application due by **5 p.m. (Arizona/Mountain Time) on October 20, 2023**
- Must meet EHR requirements (Select only one option)
 - **Option 1:** Scope of Work: Current EHR system has Bi-directional data exchange with Contexture
 - **Option 2:** EHR Commitment Letter: Current EHR system does not have with Bi-directional data exchange with Contexture
- Attest to meeting program process requirements based on area of concentration
 - Upload supporting documentation for policy and procedures which address required TI initiatives
- Acceptance letters to be sent by **December, 2023** & Year 1 payment will be received in **Fall 2024**
 - Participants must meet baseline deliverables and be accepted into TI 2.0 program to receive Year 1 payment



▲ **TI 2.0 Application**

[Application](#)

[Application Requirements](#)

[Quality Improvement Collaborative](#)

[Annual Requirements](#)

[Payment](#)

[FAQs](#)

[Support/Resources](#)

[News and Updates](#)

▼ [TI 1.0 Program Website](#)

TI 2.0 Application Requirements

The deadline to submit an application for the TI 2.0 program is **October 20, 2023 by 5 p.m. (MST/ AZ time)**. Applicants must submit through the [AHCCCS Online TI 2.0 Application Portal](#).

The link to the TI 2.0 Application Portal will only be visible to the organization's Master Account Holder or another AHCCCS Online User that is granted access by the Master Account Holder. Please note that Master Accounts are locked after 90 days of inactivity; Individual Accounts are deleted after 120 days of inactivity. If there are no active Master Accounts or User Accounts to promote, applicants must [register for a new AHCCCS Online account](#) at least a month prior to the application deadline to receive the authentication code via postal mail.

Application Requirements by Area of Concentration

Provider Type

Primary Care Project: Adult 

Outpatient Behavioral Health Project: Adult 

Primary Care Project: Pediatric 

Outpatient Behavioral Health Project: Pediatric 

Adult Ambulatory: Criminal Justice Focused 

Important Deadlines

9/1/2023: Application portal opens for BH and Justice Applicants only

9/12/2023: Application portal opens for all applications (Includes PCP Applicants)

9/15/2023: * Deadline to request application document review - [Submit provider interest form](#) prior to submitting official application through the [AHCCCS Online portal](#). Documents submitted through the portal are considered final; there will not be an opportunity to correct documents missing required criteria after the application deadline.

Application Summary & Supporting Documentation Checklist

3. PROCESS REQUIREMENT: Protocols for utilizing member-centered, culturally sensitive, evidence-based practices in trauma-informed care.

3.1 Uploaded trauma-informed care protocols must:

Supporting Documentation

- A) Identify the staff/positions responsible for screening patients for trauma.
- B) Describe the process of documenting screening results and the patient's desire to be referred-to follow up care.
- C) Identify external referral resources that provide (and/or explain how internal resources provide) culturally sensitive trauma-informed care once trauma has been identified.
- D) Describe the referral (external) and/or hand-off (internal) process to appropriately intervene when a positive screen is identified, and the member agrees to a referral.

Elements

3.2 Uploaded training documentation must:

Supporting Documentation

- A) Describe annual TIC training requirements for staff responsible for TIC screening that include, at minimum, 3 hours of evidence-based training program per year.

Application Document Review

Application Document Review Deadlines

- Request assistance via [provider interest form](#)
 - Documents submitted by organizations that completed the provider interest form by 9/15 will be prioritized for feedback.
- AHCCCS will accept application documents for feedback through **10/6/2023 at 5 p.m.**

Click on the Button Below to:

**Submit a
Provider Interest
Form**

Application Document Review Form Demo

AHCCCS Online TI Portal

- ▲ TI 2.0 Application
- Application
- Application Requirements
- Quality Improvement Collaborative
- Annual Requirements
- Payment
- FAQs
- Support/Resources
- News and Updates
- ▼ TI 1.0 Program Website

Application

The TI 2.0 application is available on [AHCCCS Online](#). We encourage prospective participants to complete the checklist below in preparation.

1. *Complete the [Provider Interest Form](#),
2. [Review TI 2.0 eligibility criteria](#) and prepare required documentation,
3. Confirm that clinics under your organization's TIN have an EHR system capable of bi-directional data exchange with the HIE (Contexture),
4. **Confirm that you have an [AHCCCS Online Account](#) by checking access to the TI Portal, and
5. [Sign up for the Newsletter](#) to be notified about important program updates.

*TI 2.0 Application Document Review must be requested by 9/15/2023 through the [Provider Interest Form](#).

**The [TI 2.0 Application Portal](#) Closes on 10/20/2023.

EHR Requirement

Contexture recently announced that they will be adopting a new platform in 2025. The TI 2.0 Program applicants will be required to meet one of the following:

- Option 1: If your organization already has an EHR system capable of bi-directional exchange of a core data set with Contexture:
 - Applicants must upload a signed scope of work, dated no later than 10/20/2023, to connect the system to Contexture's new HIE platform once available.
- Option 2: If your organization does not have an EHR system capable of bi-directional exchange of a core data set with

The Targeted Investments (TI 2.0) Application Portal is located on the AHCCCS Online website.

- Option 1: Click on the following AHCCCS Online website link: <https://azweb.statemedicaid.us/Account/Register.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](#)

WARNING! This system contains State of Arizona and U.S. Government information. This information is confidential under state and federal law. Use and disclosure of this information is limited to purposes directly related to the administration of the Arizona Health Care Cost Containment System. The use and disclosure of this information is also subject to the privacy and security requirements of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (HIPAA). By using this information system, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized or improper use of, or access to, this system may subject you to state and federal criminal prosecution and penalties as well as civil penalties. At any time, the government may intercept, search, and seize any communication or data transiting or stored on this information system.

Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or register for a new account. For assistance, please contact our Customer Support Center by emailing your request to servicedesk@azahcccs.gov. Please do not include personal or sensitive information such as usernames or passwords.

Sign In

Username:

Password:

**** ATTENTION - SHARING ACCOUNTS IS PROHIBITED! ****

Sharing account login credentials is prohibited and violates the AHCCCS User Acceptance Agreement. **DO NOT** share your user name and password with any other individuals. Each user must create their own web account and keep their information up-to-date. Access to the website *will be terminated* if the [Terms of Use](#) are violated.

Enter your AHCCCS Online Username and Password.



Menu

[AIMH Services Program](#)

[Claim Status](#)

[Claims Submission](#)

[EFT Enrollment](#)

[Member Verification](#)

[Members Supplemental Data](#)

[Newborn Notification](#)

[Prior Authorization Inquiry](#)

[Prior Authorization Submission](#)

[Provider Verification](#)

[Provider Re-Enrollment/Revalidation](#)

[Targeted Investments Program](#)

Support and Manuals

[User Manuals](#)

[Learn More](#)

[Frequently Asked Questions](#)

Account Information

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 438.6(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](#)



Select the Targeted Investments Program on the left-hand menu.
Click the “Targeted Investments Program 2.0” button to be directed to the application.

Tax ID Search, Security Notice Agreement, & Authorized User Form



Menu

- [AIMH Services Program](#)
- [Claim Status](#)
- [Claims Submission](#)
- [EFT Enrollment](#)
- [Member Verification](#)
- [Members Supplemental Data](#)
- [Newborn Notification](#)
- [Prior Authorization Inquiry](#)
- [Prior Authorization Submission](#)
- [Provider Verification](#)
- [Provider Re-Enrollment/Revalidation](#)
- [Targeted Investments Program](#)

Support and Manuals

- [User Manuals](#)
- [Learn More](#)
- [Frequently Asked Questions](#)

Account Information

Targeted Investments Program

Targeted Investments 2.0 is a 5-year, \$250M, outpatient provider incentive program that encourages participating provider organizations to thoughtfully develop infrastructure and protocols to optimize coordination of services designed to meet the member's acute, behavioral, and health-related social needs as well as address identified health inequities amongst their patient population. Participating provider organizations and justice clinics receive an annual lump sum payment for developing processes with required elements, implementing these processes, and reducing health inequities (e.g., NCQA HEDIS measures) within their patient population.

TI 2.0 Year 1 Application Search

* Federal Tax ID: 9 digit numeric value

Enter the organization's Tax ID. Then select the "Search" button.

NOTE: If there is more than one Tax ID affiliated with the organization then each Tax ID must complete a separate application.



Menu

- [AIMH Services Program](#)
- [Claim Status](#)
- [Claims Submission](#)
- [EFT Enrollment](#)
- [Member Verification](#)
- [Members Supplemental Data](#)
- [Newborn Notification](#)
- [Prior Authorization Inquiry](#)
- [Prior Authorization Submission](#)
- [Provider Verification](#)
- [Provider Re-Enrollment/Revalidation](#)
- [Targeted Investments Program](#)

Support and Manuals

- [User Manuals](#)
- [Learn More](#)
- [Frequently Asked Questions](#)

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TI 2.0 Year 1 Application Search

* 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.

| |
|--------------------------------|
| Members Supplemental Data |
| Newborn Notification |
| Prior Authorization Inquiry |
| Prior Authorization Submission |
| Provider Verification |
| Targeted Investments Program |
| Support and Manuals |
| User Manuals |
| Learn More |
| Frequently Asked Questions |
| Account Information |
| |
| Type: Master |
| |
| User Request Stats |
| Admin |

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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

Authorization Form

Please print, sign and upload the [Targeted Investments Authorized Signature Form](#).

Please DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).

Type:

Select file to upload: No file chosen

Max File Size: 10MB
Accepted File Types: pdf

Click on the blue hyperlink titled [Targeted Investments Authorized Signature Form](#) to download the form to the computer.

Tools Sign in

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.

TI Participants must upload a signed copy of this Agreement when attesting for each physical site that been accepted into the TI Program, in order for it to meet or satisfy th Program Milestones.

AHCCCS may, at any time, amend these *Terms of Use* with or without notice. Any ch to the Agreement will become effective immediately and notice of change will be prov 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 submitte the TI Participant under the area of concentration for which they applied and were acc by AHCCCS.

By signing this Agreement the TI Participant agrees, certifies and/or warrants as follow

- 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 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 s
- 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 fund and that by filing this attestation the TI Participant is submitting a claim for Federa funds.

* Federal Tax ID: 9 digit numeric value
Search

CE

The authorized signatory acknowledges and agrees that by clicking “Yes” to an attestation statement, you are affirming under penalty of law:

- You have authority to make the attestation, on behalf of the provider organization
- The answer provided is true, accurate, and complete
- The provider organization has completed the stated task or other scope of work identified in each Attestation Statement answer in the affirmative.

I Agree

Form

Upload the Targeted Investments Authorized Signature Form.

Upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).

Type:

Select file to upload: No file chosen

Max File Size: 10MB
Accepted File Types: pdf

1. Download the *Targeted Investments Authorized Signature Form* to the computer.
2. Review, sign and save the signed form.
3. Click on the dropdown menu labeled *Type* and select the option labeled *Authorized Signature Form*.
4. Upload the signed form by selecting “*Choose File*.” Once the file is added, click “*Upload Attachment*” button to proceed to the next page.

Note: The form needs to be signed by the executive or administrator responsible for TI attestation. This individual, and others identified at the bottom, will receive sensitive payment-related correspondence and general TI correspondence.

| |
|--------------------------------|
| Members Supplemental Data |
| Newborn Notification |
| Prior Authorization Inquiry |
| Prior Authorization Submission |
| Provider Verification |
| Targeted Investments Program |
| Support and Manuals |
| User Manuals |
| Learn More |
| Frequently Asked Questions |
| Account Information |
| |
| Type: Master |
| |
| User Request Stats |
| Admin |

TI 2.0 Year 1 Application Search

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

SECURITY NOTICE

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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

Authorization Form

| Document Status | FileName | File Type | Upload Date |
|-----------------|-----------------------------|---------------------------|-------------|
| Pending | TI Authorized User Form.pdf | Authorized Signature Form | 8/23/2023 |

* **Name of the Authorized Signatory :**

* **Email of the Authorized Signatory :**

NOTE: The Authorized signatory name should match the printed name of the Authorized signatory in the agreement document.

Once the signed form is uploaded, type **the name and email of the individual who signed the form** then click the **"Next"** button to proceed to the next page. **Applications will be rejected if the name does not match.**

Select Area(s) of Concentration



Menu

- AIMH Services Program
- Claim Status
- Claims Submission
- EFT Enrollment
- Member Verification
- Members Supplemental Data
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Provider Re-Enrollment/Revalidation
- Targeted Investments Program

Targeted Investments Program

AREA OF CONCENTRATION

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

Next

Add a checkmark next to the Area(s) of Concentration that the organization is submitting an application for.

Click the “Next” button to move on to the next section.

Menu

- AIMH Services Program
- Claim Status
- Claims Submission
- EFT Enrollment
- EVV Service Confirmations
- Member Verification
- Members Supplemental Data
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Targeted Investments Program

Support and Manuals

- User Manuals

Targeted Investments Program

AREA OF CONCENTRATION

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

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

NOTE: To select the Clinic Selection and Eligibility Criteria , click the "Edit" link under the corresponding heading. To view the selection, click the "View" link.

Please select the Clinic Selection before proceeding to Eligibility Criteria.
The submit button will be enabled only when all the selections are completed.

Once the Area(s) of Concentration are selected, applicants must complete the *Clinic Selection* and *Eligibility Criteria* for each area of concentration. Start with *Clinic Selection*.

Clinic Selection

Menu

- AIMH Services Program
- Claim Status
- Claims Submission
- EFT Enrollment
- EVV Service Confirmations
- Member Verification
- Members Supplemental Data
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Targeted Investments Program

Support and Manuals

- User Manuals

Targeted Investments Program

AREA OF CONCENTRATION

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

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

NOTE: To select the Clinic Selection and Eligibility Criteria , click the "Edit" link under the corresponding heading. To view the selection, click the "View" link.

Please select the Clinic Selection before proceeding to Eligibility Criteria.
The submit button will be enabled only when all the selections are completed.

Click "Edit" in the Clinic Selection section to select the clinics participating in the TI 2.0 Program.

Clinic Selection- General

| Menu |
|---------------------------|
| AIMH Services Program |
| Claim Status |
| Claims Submission |
| EFT Enrollment |
| EVV Service Confirmations |
| Member Verification |
| Members Supplemental Data |
| Newborn Notification |

Targeted Investments Program

Clinic List - Adult Primary Care

| <input type="checkbox"/> | PROVIDER TYPE | PROVIDER ID | PROVIDER(SITE) NAME | CLINIC NPI | SERVICE LOCATION | SERVICE ADDRESS |
|--------------------------|---------------|-------------|---------------------|------------|------------------|--------------------------|
| <input type="checkbox"/> | IC | XXXXXX | ARIZONA TI PCP | XXXXXX | 01 | PRESCOTT VALLEY AZ 86314 |
| <input type="checkbox"/> | IC | XXXXXX | ARIZONA TI PCP | XXXXXX | 01 | MESA AZ 85123 |
| <input type="checkbox"/> | IC | XXXXXX | ARIZONA TI PCP | XXXXXX | 02 | MESA AZ 85202 |
| <input type="checkbox"/> | IC | XXXXXX | ARIZONA TI PCP | XXXXXX | 03 | MESA AZ 12345 |



All clinics affiliated with the TIN that were actively enrolled as an eligible provider type (per Area of Concentration) at least one day since 10/1/2022 are displayed.

Add a check next to all outpatient clinics that are appropriate for TI 2.0 activities (including clinics that closed between 10/1/2022 and 9/30/2023). Do not add a check to specialty clinics that are not appropriate for care management and population health initiatives.

Confirm that the Service Address, AHCCCS Provider ID, and Clinic NPI are correct. **If incorrect, update via [APEP](#) before submitting the application.**

Clinic Selection- PCP Only



| | | | | | | |
|--------------------------|----|--------|----------------|---|----|-------------------------------------|
| <input type="checkbox"/> | 01 | XXXXXX | XXXXXXXXXXXXXX | <input type="text" value="1234567890"/> | 01 | XXXXXXXXXXXXXXXXX AVONDALE AZ 85323 |
| <input type="checkbox"/> | 01 | XXXXXX | XXXXXXXXXXXXXX | <input type="text" value="0000000000"/> | 02 | XXXXXXXXXXXXXXXXX PHOENIX AZ 85041 |
| <input type="checkbox"/> | 01 | XXXXXX | XXXXXXXXXXXXXX | <input type="text"/> | 03 | XXXXXXXXXXXXX MESA AZ 85203 |

PRIMARY CARE ONLY

Each clinic's NPI will auto populate if enrolled as an IC. Enter the clinic (facility) NPI for all other selected clinics.

NOTE: An NPI that is not affiliated with the 01-Group Provider ID must be listed for each selected site. Most clinics will have an NPI even if the clinic is not independently licensed or enrolled with AHCCCS.

If CMS (NPPES) confirms a Clinic NPI is unavailable, enter all zeros (10 digits) for the applicable clinic. Maintain documentation of the CMS correspondence.

Clinic Selection- PCP Only

| Clinic List - Pediatric Primary Care | | | | | | |
|--------------------------------------|---------------|-------------|---------------------|---|------------------|---|
| <input type="checkbox"/> | PROVIDER TYPE | PROVIDER ID | PROVIDER(SITE) NAME | CLINIC NPI | SERVICE LOCATION | SERVICE ADDRESS |
| <input type="checkbox"/> | 01 | 123456 | Glendale | <input type="text" value="1231144112"/> | 25 | 6051 W Sweetwater Ave, Glendale, AZ 85304 |
| <input checked="" type="checkbox"/> | 01 | 123456 | N. Phoenix | <input type="text" value="1235469871"/> | 26 | 2820 W Rose Garden Ln, Phoenix, AZ 85027 |
| <input checked="" type="checkbox"/> | 01 | 123456 | S. Phoenix | <input type="text" value="6548751429"/> | 27 | 5401 S 7th St, Phoenix, AZ 85040 |

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 | <input type="text"/> | <input type="text"/> | 00 | <input type="text"/> | | |

PRIMARY CARE ONLY

Only the service addresses tied to an 01-group or IC provider ID will automatically display. If additional PCP sites need to be added, click the “Add” button for any additional PCP sites that need to be added.

The Clinic NPI (not matching the 01-group NPI), Service Address, and Clinic Name must be entered to save the address.

Eligibility Criteria

Menu

- AIMH Services Program
- Claim Status
- Claims Submission
- EFT Enrollment
- EVV Service Confirmations
- Member Verification
- Members Supplemental Data
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Targeted Investments Program**

Support and Manuals

- User Manuals

Targeted Investments Program

AREA OF CONCENTRATION

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

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

NOTE: To select the Clinic Selection and Eligibility Criteria , click the "Edit" link under the corresponding heading. To view the selection, click the "View" link.

Please select the Clinic Selection before proceeding to Eligibility Criteria.
The submit button will be enabled only when all the selections are completed.

Click *Edit* in the Eligibility Criteria section to identify the required processes and upload documentation detailed in the [Application Summary](#).

Eligibility Requirements (Adult Primary Care) – YEAR 1

Milestone Measurement Period 1
(October 01, 2022 – September 30, 2023)

Eligibility Criteria 1

The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination whole person care screening and referrals, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
Selecting "Yes" indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 2

The Participant attests that all participating clinics under the TIN will create policies and protocols that identify accountable position(s) for whole person care and population health, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
Selecting "Yes" indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 3

The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination of culturally appropriate trauma-informed care, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
Selecting "Yes" indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 4

The Participant attests that all participating clinics under the TIN will create policies and protocols related to identifying and coordinating care for high-risk members, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
Selecting "Yes" indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 5

The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordinating psychiatric consultation, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.
Selecting "Yes" indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 6

The Participant attests that all participating clinic details listed on the application page, including the clinic address and NPI, are accurate as of 9/30/2023 or the last day the clinic was open since 10/1/2022 (whichever is later).
Selecting "Yes" indicates that all details are accurate.

Yes No

Eligibility Criteria 7

The Participant attests that all participating clinics under the TIN currently use an EHR system capable of bi-directional exchange of a core data set with Contexture AND have signed a scope of work, dated no later than 9/30/2023, to connect the system to Contexture's new HIE platform once available.
Selecting "Yes" indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 8

The Participant attests and submits a commitment letter that all participating clinics under the TIN will implement an EHR system capable of sending and receiving data from Contexture AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.
Selecting "Yes" indicates that all required eligibility criteria are met.

Yes No

Attachments

Please DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).

Type:
Select file to upload: No file chosen

Max File Size: 10MB
Accepted File Types: .pdf

1. Review the Eligibility Criteria and attest Yes if the Eligibility Criteria applies to your organization or No if the Eligibility Criteria is not applicable. The criteria should correspond with the Process Requirements included in the [Application Summary](#) for a specific area of concentration.
2. Upload application documents that correspond with Process Requirements included in the [Application Summary](#) for the area of concentration.

Eligibility Criteria-PCP Only

Eligibility Requirements (Pediatric Primary Care) - YEAR 1

Print

**Milestone Measurement Period 1
(October 01, 2022 - September 30, 2023)**

Eligibility Criteria 1

The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination whole person care screening and referrals, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.

Selecting 'Yes' indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 2

The Participant attests that all participating clinics under the TIN will create policies and protocols that identify accountable position(s) for whole person care and population health, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.

Selecting 'Yes' indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 3

The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination of culturally appropriate trauma-informed care, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.

Selecting 'Yes' indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 4

The Participant attests that all participating clinics under the TIN will create policies and protocols related to identifying and coordinating care for high-risk members, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.

Selecting 'Yes' indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 5

The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordinating psychiatric consultation, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.

Selecting 'Yes' indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 6

The Participant attests that all participating clinic details listed on the application page, including the clinic address and NPI, are accurate as of 9/30/2023 or the last day the clinic was open since 10/1/2022 (whichever is later).

Selecting 'Yes' indicates that all details are accurate.

Yes No

Eligibility Criteria 7

The Participant attests that all participating clinics under the TIN currently use an EHR system capable of bi-directional exchange of a core data set with Contexture AND have signed a scope of work, dated no later than 9/30/2023, to connect the system to Contexture's new HIE platform once available.

Selecting 'Yes' indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 8

The Participant attests and submits a commitment letter that all participating clinics under the TIN will implement an EHR system capable of sending and receiving data from Contexture AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.

Selecting 'Yes' indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria-PCP Only

Eligibility Criteria 1 | Eligibility Criteria 2 | Eligibility Criteria 3 | Eligibility Criteria 4 | Eligibility Criteria 5

- Attest **Yes** to at least **three** out of the five criteria. Attest **No** to the criteria that is not selected.
- Upload documentation for the Eligibility Criteria that correspond with the **Yes** attestation.

Eligibility Criteria 6

- Attest **Yes** to Eligibility Criteria 6.
- No documentation required.

Eligibility Criteria 7 | Eligibility Criteria 8

- Attest **Yes** to only **one** of the two criteria. Attest **No** to the criteria that is not selected.
- Upload documentation:
 - If Eligibility Criteria 7 is selected the Contexture Signed Scope Of Work must be uploaded.
 - If Eligibility Criteria 8 is selected the EHR Commitment Letter must be uploaded.

Eligibility Criteria-BH Only

Targeted Investments Program

Eligibility Requirements (Adult Behavioral Health) - YEAR 1

Milestone Measurement Period 1
(October 01, 2022 - September 30, 2023)

Eligibility Criteria 1

The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination whole person care screening and referrals, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.

Selecting "Yes" indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 2

The Participant attests that all participating clinics under the TIN will create policies and protocols that identify accountable position(s) for whole person care and population health, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.

Selecting "Yes" indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 3

The Participant attests that all participating clinics under the TIN will create policies and protocols related to coordination of culturally appropriate trauma-informed care, consistent with the minimum required criteria, with the intention of implementing the policies and protocols by September 30, 2024 and executing these policies and protocols through September 30, 2025.

Selecting "Yes" indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 4

The Participant attests that all participating clinic details listed on the application page, including the clinic address and NPI, are accurate as of 9/30/2023 or the last day the clinic was open since 10/1/2022 (whichever is later).

Selecting "Yes" indicates that all details are accurate.

Yes No

Eligibility Criteria 5

The Participant attests that all participating clinics under the TIN currently use an EHR system capable of bi-directional exchange of a core data set with Contexture AND have signed a scope of work, dated no later than 9/30/2023, to connect the system to Contexture's new HIE platform once available.

Selecting "Yes" indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 6

The Participant attests and submits a commitment letter that all participating clinics under the TIN will implement an EHR system capable of sending and receiving data from Contexture AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.

Selecting "Yes" indicates that all required eligibility criteria are met.

Yes No

Attachments

Please DO NOT upload files containing Protected Health Information (PHI) or Business/Identifiable Information (BII)

Eligibility Criteria-BH Only

Eligibility Criteria 1 | Eligibility Criteria 2 | Eligibility Criteria 3

- Attest **Yes** to at least **two** out of the three criteria. Attest **No** to the criteria that is not selected.
- Upload documentation for the Eligibility Criteria that correspond with the **Yes** attestation.

Eligibility Criteria 4

- Attest **Yes** to Eligibility Criteria 4.
- No documentation required.

Eligibility Criteria 5 | Eligibility Criteria 6

- Attest **Yes** to only **one** of the two criteria. Attest **No** to the criteria that is not selected.
- Upload documentation:
 - If Eligibility Criteria 5 is selected the Contexture Signed Scope Of Work must be uploaded
 - If Eligibility Criteria 6 is selected the EHR Commitment Letter must be uploaded

Eligibility Criteria-Justice Only

Targeted Investments Program

Eligibility Requirements (Adults Transitioning from the Criminal Justice System) - YEAR 1

*Milestone Measurement Period 1
(October 01, 2022 - September 30, 2023)*

Eligibility Criteria 1

The Participant attests that the participating clinics and their justice partner(s) co-developed the implementation plan outlined in the commitment letter AND, if selected as a TIP 2.0 Justice Participant, will demonstrate good-faith to implement these plans as specified.

Yes No

Eligibility Criteria 2

The Participant attests that the participating clinics has established, or is in the process of establishing, contracts with all AHCCCS Complete Care (ACC) Health Plans serving the clinic's GSA and will have these contracts secured by 3/31/2024.

Eligibility Criteria 3

The Participant attests that all participating clinic details listed on the application page, including the clinic address and NPI, are accurate as of 9/30/2023 or the last day the clinic was open since 10/1/2022 (whichever is later).

Selecting 'Yes' indicates that all details are accurate.

Yes No

Eligibility Criteria 4

The Participant attests that all participating clinics under the TIN currently use an EHR system capable of bi-directional exchange of a core data set with Contexture AND have signed a scope of work, dated no later than 9/30/2023, to connect the system to Contexture's new HIE platform once available.

Selecting 'Yes' indicates that all required eligibility criteria are met.

Yes No

Eligibility Criteria 5

The Participant attests and submits a commitment letter that all participating clinics under the TIN will implement an EHR system capable of sending and receiving data from Contexture AND will achieve bi-directional data sharing with the new HIE platform within a year of availability.

Selecting 'Yes' indicates that all required eligibility criteria are met.

Yes No

Attachments

Plases DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII)

Eligibility Criteria-Justice Only

Eligibility Criteria 1

- Attest **Yes** to Eligibility Criteria 1
- Upload documentation for Eligibility Criteria 1 (Justice Commitment Letter)

Eligibility Criteria 2 | Eligibility Criteria 3

- Attest **Yes** to Eligibility Criteria 2 and Eligibility Criteria 3.
- No documentation required.

Eligibility Criteria 4 | Eligibility Criteria 5

- Attest **Yes** to only **one** of the two criteria. Attest **No** to the criteria that is not selected.
- Upload documentation:
 - If Eligibility Criteria 4 is selected the Contexture Signed Scope Of Work must be uploaded
 - If Eligibility Criteria 5 is selected the EHR Commitment Letter must be uploaded

Eligibility Criteria: Document Upload

Attachments

Please DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).

Type:

Select file to upload:

- 1.1 HRSN Screening Procedures (EC #1)
- 1.2 Care Coordination Protocols (EC #1)
- 2.1 Job Description(s) (EC #2)
- 2.2 Initiative Coordinations Protocol(s) (EC #2)
- 3.1 Trauma Informed Care Protocol(s) (EC #3)
- 3.2 Training Documentation (EC #3)
- 4.1 High-Risk Registry Procedure(s) (EC #4)
- 4.2 High-Risk Care Coordination Procedure(s) (EC #4)
- 5.1 Behavioral Health Consultation Policy (EC #5)
- 5.2 Uploaded Referral and Collaboration Protocol(s) (EC #5)
- HIE Scope of Work (EC #7)
- EHR Commitment Letter (EC #8)

Upload Attachment

Max
Accepte


FOUND ***



Complete this process after the Eligibility Criteria. Select the documents that correspond to the Process Requirements.

Note: Confirm that no PHI or PII are included in the documents.

Attachments

Please DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).

Type: 1.1 HRSN Screening Procedures (EC #1) 

Select file to upload: Screening Tool.pdf  

Max File Size: 10MB
Accepted File Types: pdf

*** NO SUBMITTED ATTACHMENT(S) FOUND ***

Click *“Upload Attachment”* to add the document to the application.

Once all the application documents have been uploaded, click the *“Submit”* button to move to the next page.

Documents Upload: PCP Only Example

Attachments
Please DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).

Type: 1.1 HRSN Screening Procedures (EC #1) ▼

Select file to upload:

- 1.1 HRSN Screening Procedures (EC #1)
- 1.2 Care Coordination Protocols (EC #1)
- 2.1 Job Description(s) (EC #2)
- 2.2 Initiative Coordinations Protocol(s) (EC #2)
- 3.1 Trauma Informed Care Protocol(s) (EC #3)
- 3.2 Training Documentation (EC #3)
- 4.1 High-Risk Registry Procedure(s) (EC #4)
- 4.2 High-Risk Care Coordination Procedure(s) (EC #4)
- 5.1 Behavioral Health Consultation Policy (EC #5)
- 5.2 Uploaded Referral and Collaboration Protocol(s) (EC #5) FOUND ***
- HIE Scope of Work (EC #7)
- EHR Commitment Letter (EC #8)

Upload Attachment

Max Accepted

PCP Applications:

1. Submit documentation for 3 out of 5 for each Eligibility Criteria (these are the same as Process Requirements - see the [Application Summary](#) for details).
 - **Eligibility Criteria 1:** 1.1 HRSN Screening Procedures & 1.2 Care Coordination Protocols
 - **Eligibility Criteria 2:** 2.1 Job Description(s) & 2.2 Initiative Coordinations Protocol(s)
 - **Eligibility Criteria 3:** 3.1 Trauma Informed Care Protocol(s) & 3.2 Training Documentation
 - **Eligibility Criteria 4:** 4.1 High-Risk Registry Procedure(s) & 4.2 High-Risk Care Coordination Procedure(s)
 - **Eligibility Criteria 5:** 5.1 Behavioral Health Consultation Policy & 5.2 Uploaded Referral and Collaboration Protocol(s)
2. Upload signed EHR Commitment Letter or signed Conexture Scope Of Work. See [TI Website](#) for details.

Documents Upload: BH Only Example

Attachments

Please DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).

Type:

Select file to upload:

#1

#2

- 1.1 HRSN Screening Procedures (EC #1)
- 1.2 Care Coordination Protocols (EC #1)
- 2.1 Job Description(s) (EC #2)
- 2.2 Initiative Coordinations Protocol(s) (EC #2)
- 3.1 Trauma Informed Care Protocol(s) (EC #3)
- 3.2 Training Documentation (EC #3)
- HIE Scope of Work (EC #5)
- EHR Commitment Letter (EC #6)

Upload Attachment

*** NO SUBMITTED ATTACHMENT(S) FOUND ***

Submit Close

BH Applications:

1. Submit documentation for 2 out of 3 for each Eligibility Criteria (these are the same as Process Requirements - see the [Application Summary](#) for details).
 - **Eligibility Criteria 1:** 1.1 HRSN Screening Procedures & 1.2 Care Coordination Protocols
 - **Eligibility Criteria 2:** 2.1 Job Description(s) & 2.2 Initiative Coordinations Protocol(s)
 - **Eligibility Criteria 3:** 3.1 Trauma Informed Care Protocol(s) & 3.2 Training Documentation
1. Upload signed EHR Commitment Letter **or** signed Conixture Scope of Work. See [TI Website](#) for details.

Document Upload: Justice Only Example

Attachments

Please DO NOT upload files containing Protected Health Information (PHI) or Personally Identifiable Information (PII).

Type:

Select file to upload:

- Justice Commitment Letter (EC #1) #1
- HIE Scope of Work (EC #4) #2
- EHR Commitment Letter (EC #5)

*** NO SUBMITTED ATTACHMENT(S) FOUND ***

Justice Applications:

1. Upload Justice Commitment Letter. Go to the [TI Website](#) to download template.
1. Upload Signed EHR Commitment Letter **or** Signed Conexture Scope Of Work. Go to the [TI Website](#) to download template.

Completed Application Visuals

Menu

- AIMH Services Program
- Claim Status
- Claims Submission
- EFT Enrollment
- EVV Service Confirmations
- Member Verification
- Members Supplemental Data
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Targeted Investments Program

Support and Manuals

- User Manuals

Targeted Investments Program

AREA OF CONCENTRATION

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

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

NOTE: To select the Clinic Selection and Eligibility Criteria , click the "Edit" link under the corresponding heading. To view the selection, click the "View" link.
Please select the Clinic Selection before proceeding to Eligibility Criteria.
The submit button will be enabled only when all the selections are completed.

[Submit](#)

1. Complete the Clinic Selection and Eligibility Criteria for each Area(s) of Concentration until all sections show a *Completed* indicator.
2. Review previously completed sections by clicking on the "View" button. Use this function to confirm that all documents and selected clinics are correct.
3. Repeat the process of completing the Clinical Section and Eligibility Criteria for each Area of Concentration.
4. Click the "Submit" button to complete the entire application process.

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

Complete Application View

Targeted Investments Program

AREA OF CONCENTRATION

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

| AREA OF CONCENTRATION | CLINIC SELECTION | ELIGIBILITY CRITERIA |
|---|--------------------------------|--------------------------------|
| 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 your application for the Targeted Investments Program 2.0

When all documents are submitted and all clinics are selected the application screen should show that each Area(s) of Concentration are completed.

A confirmation email will be sent.

Resources

Follow Up Actions

1. Complete the [TI 2.0 Provider Interest Form](#) to request application document review
 - AHCCCS will accept application documents for feedback through 10/6/2023
2. [Subscribe to the TI Newsletter](#)
3. Review [TI Application Requirements](#)
4. Confirm access to an [AHCCCS Online Account](#)
5. Ensure the TIN, service addresses, and non-facility providers are correct in the [AHCCCS Provider Enrollment Portal \(APEP\)](#)
6. Prepare application materials
 - Gather documents, attend Office Hours as needed, create and implement procedures as needed to meet requirements, etc.
7. Submit Application by 5 p.m. (Arizona/Mountain Time) on 10/20/2023
8. Receive notice of application decision
 - Notifications will be distributed on 12/29/2023

Program Resources

AHCCCS TI Website:

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

AHCCCS Online: TI 2.0 Application Portal

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

TI Application Summary:

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

ASU TIPQIC Website:

<https://tipqic.org/about.html>

TI 2.0 Program Overview- Final Proposal to CMS:

https://www.azahcccs.gov/PlansProviders/Downloads/TI/TargetedInvestmentsTI_2Proposal.pdf

Click on the Buttons Below to:

**Subscribe to the
TI Newsletter**

**Submit a
Provider Interest Form**

Thank You.

TI Program Email: targetedinvestments@azahcccs.gov