

**Provider Type: Pediatric Primary Care Provider**  
**Area of Concentration: Children/Youth with Behavioral Health Needs**

**Project:** Ambulatory

**Area of Concentration:** Children/Youth with Behavioral Health Needs

**Provider Type:** Pediatric Primary Care Provider




**Objective:** To integrate primary care and behavioral health services for the purposes of better coordination of the preventive and chronic illness care for children/youth with behavioral health needs and children/youth in the foster care system.

<b>1.</b>	<b>Participate in the Targeted Investments Program Quality Improvement Collaborative (QIC) offered by the Arizona State University College of Health Solutions. The QIC will support TI Program participants by providing interim updates on their Year 5 Milestone Performance Measures, assist with quality improvement, offer HEDIS™ technical assistance, and facilitate peer learning.</b>
	<b>Milestone #1</b> (October 1, 2020–September 30, 2021) <b>5%</b>
	<p>By September 30, 2021, attest that:</p> <p>A. The participating organization has registered both an administrative representative and licensed clinical representative to participate in the TI Program Quality Improvement Collaborative (QIC). Organizations with only one site participating in the TI Program may elect to have one representative if that person has both clinical and administrative Program responsibilities.</p> <p>B. The organization's administrative <u>and</u> clinical QIC representatives (excepting one site participants as noted above) or their designees have attended 80% of the Year 5 Quality Improvement Collaborative virtual group meetings offered for the Area of Concentration.</p>

<b>2.</b>	<b>Identify where along the Levels of Integrated Healthcare continuum the practice falls (see table below). To do so, please complete the Integrated Practice Assessment Tool (IPAT).</b>					
	<b>COORDINATED</b> KEY ELEMENT: COMMUNICATION		<b>CO-LOCATED</b> KEY ELEMENT: PHYSICAL PROXIMITY		<b>INTEGRATED</b> KEY ELEMENT: PRACTICE CHANGE	
	<b>LEVEL 1</b> Minimal Collaboration	<b>LEVEL 2</b> Basic Collaboration at a Distance	<b>LEVEL 3</b> Basic Collaboration Onsite	<b>LEVEL 4</b> Close Collaboration Onsite with Some Systems Integration	<b>LEVEL 5</b> Close Collaboration Approaching an Integrated Practice	<b>LEVEL 6</b> Full Collaboration in a Transformed /Merged Integrated Practice
<b>Milestone #2</b> (October 1, 2020–September 30, 2021) <b>5%</b>						
Complete an updated IPAT score between August 1, 2021 and Sept 30, 2021 and report the practice site's level of integration using the results of the IPAT level of integration tool to AHCCCS (participants will be inputting the score in the Attestation Portal).						

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**Performance Measure Targets:** Established per organization based on baseline performance

Performance Measure	Measure Description	Measure Weighting	Measure Sets
<b>Well child visits in third, fourth, fifth and sixth years of life</b>	Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.	30%	
<b>Adolescent well-care visits</b>	Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetric/gynecologic (OB/GYN) practitioner during the measurement year.	30%	
<b>Well-child visits in the first 15 months of life</b>	Percentage of children who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care practitioner (PCP) during their first 15 months of life:  --No well-child visits --One well-child visit --Two well-child visits --Three well-child visits --Four well-child visits --Five well-child visits --Six or more well-child visits	30%	

Measure Sets Key (Hyperlinked)			
<a href="#">CMS Core Set Peds</a>	<a href="#">CMS ScoreCard</a>	<a href="#">Statewide (STCs)</a>	<a href="#">NCQA HEDIS™</a>
