## Appendix J-4 PCPR Milestone Assessment Tool for Site Visits

Miles	ton	es:		<u>Yes</u>	<u>No</u>
A. Eli	gibil	ity	Requirements		
1.	Ha	ve i	CP Tiers) nformation technology tools and functionality to support quality care and v improvement infrastructure , including:		
	a)	pro dis	EMR system with Patient Registry functionality, including the capability to oduce at least one report to support evidence based protocols for chronic sease management and at least one report to support evidence based idelines for preventative care.		
		•	Does the site have an EMR system with Patient Registry functionality?		
		•	Can the site produce at least one example to support evidence based protocols for chronic disease management?		
		•	Can the site produce at least one example to support evidence based guidelines for preventative care?		
Notes	:				
		•	Make copies of 2 examples generated from the site's registry: one report for chronic disease management, and one report for preventative care.		
		•	How frequently are the guideline protocols updated?		
		•	Has the site implemented evidence based guidelines for the particular chronic disease or preventative care measure reported on above? If so, which evidence based guidelines has the site implemented, and how have they been implemented?		

	b)	An information technology system that provides documentation of treatment plans, through a visit, note, or another mechanism.	
		• Does the site have an IT system that provides documentation of treatment plans?	
Notes:		<ul> <li>Make a copy of a treatment plan.</li> <li>What mechanism does the site use to document treatment plans?</li> <li>Does the site provide panel enrollees with a copy of their treatment plans?</li> </ul>	
	c)	<ul> <li>An EMR system with the capacity to identify and assign a Primary Care Provider, to each Panel Enrollee.</li> <li>Does the site have an EMR system with the capacity to assign and document a Primary Care Provider (PCP) to each panel enrollee?</li> </ul>	
Notes:		• How are panel enrollees assigned to a PCP?	

2.	(All CPCP Tiers)	
	Have the ability to provide Panel Enrollees with access, by phone or in person, at all times (24 hours per day / 7 days per week) to a provider that has prescribing authority and access to Panel Enrollees' medical records.	
	• Does the site currently provide panel enrollees with 24/7 access to a provider that has prescribing authority and access to Panel Enrollees' medical records?	
Notes:	<ul> <li>How does the site guarantee that panel enrollees have 24/7 access to a provider?</li> </ul>	
	<ul> <li>Is 24/7 access available in person, over the phone, via email, or through another mechanism?</li> </ul>	
	<ul> <li>Confirm that providers' access to panel enrollees' medical records is done through secure mechanisms.</li> </ul>	
3.	(CPCP Tier 2 and 3 only)	
	Maintain a master's or doctoral level Behavioral Health Provider who is co- located at each site, for no less than 40 hours per week.	
	iocated at each site, for no less than 40 hours per week.	
	• Does the site have a master's or doctoral level Behavioral Health Provider who is co-located at each site for no less than 40 hours per week?	
Notes:		
	• What is the name, credential, and date of hire of the Behavioral Health Provider at the site?	
	• Describe the co-location arrangement that the site has with the Behavioral Health Provider. (e.g. within same suite, different suite but in same building, etc.)	
4.	(CPCP Tier 2 and 3 only)	

	Possess the ability to schedule "first an appointments with a master's or docto each Participating Practice Site within	oral level Behavioral Health Provider at	
	-	le "first available" behavioral health services health provider within 14 days from time of	
Notes			
		uling appointments with behavioral health time of request.	
	<ul> <li>What percentage of patients an appointment within 14 days from</li> </ul>	re scheduled for a Behavioral Health Services om time of request?	
		time the site takes to schedule "first ervices appointment from time of request?	
	• What does the site do if patien Services appointment within 14	ts can't be scheduled for a Behavioral Health 4 days from time of request?	
5.	• •	lly or through a contractual arrangement, part of the Multidisciplinary Care Team for	
	<ul> <li>Does the site maintain a co-loc Multidisciplinary Care Team for</li> </ul>		

	•	What is the name, credential, and date of hire of the psychiatrist?	
	•	Describe the co-location arrangement that the site has with the psychiatrist. (e.g. within same suite, different suite but in same building, etc.)	
	•	How many psychiatrists are co-located with the site? How many hours per week does each psychiatrist work?	
6.	Mainta Contra applica follow	ier 3 only) ain a written agreement between Contractor and one or more of actor's Behavioral Health Providers or internal protocol document, as able, evidencing that Contractor has 24 hour / 7 day per week access to the ing components of the Behavioral Health record, for each Panel Enrollee: osis (or diagnoses, as applicable), Medication, and Acute Safety Issues. Does the site maintain a written agreement between the site and its Behavioral Health Providers?	
	•	Does the written agreement evidence that the site has 24/7 secure access to the Diagnosis, Medication, and Acute Safety Issues section in each member's Behavioral Health Record?	
Notes:	•	Describe the process for how providers have 24/7 secure access to the Diagnosis, Medication, and Acute Safety Issues section in each member's Behavioral Health Record.	

## **B. Six Month Milestones**

- 1. Employ or provide through contractual arrangement, a Clinical Care Manager to coordinate and provide Clinical Care Management services. The Clinical Care Manager shall be a licensed clinical professional, and must be closely integrated with the Multidisciplinary Care Team, with a strong preference for co-location. The Clinical Care Manager's job duties, shall include, but are not limited to:
- a) Identifying Highest Risk Panel Enrollees.
  - Does the clinical care manager identify highest risk panel enrollees?

## Notes:

- Describe the site's standardized process for identifying high risk members.
- Describe where the site documents high risk status. (e.g. registry, EMR)

- b) Providing and Coordinating Clinical Care Management services for Highest Risk Panel Enrollees, including managing the development, implementation, and monitoring of the Integrated Care Plans.
  - Does the clinical care manager provide and coordinate clinical care management services for Highest Risk Panel Enrollees?

Notes:	<ul> <li>How does the site determine which high risk members receive care management services?</li> <li>Describe the process for developing, implementing, and monitoring Integrated Care Plans</li> <li>Make copies of 2 Integrated Care Plans that clearly show the site's approach to care management.</li> </ul>	
2.	Track the Behavioral Health screening and results of pediatric and adolescent Panel Enrollees using the EMR.	
	• Does the site use the EMR to track the behavioral health screening and results of pediatric and adolescent panel enrollees?	
Notes:	<ul> <li>Which standardized behavioral health screenings are a component of the EMR?</li> <li>Describe the process for entering screening results into the EMR.</li> </ul>	

## C. Twelve Month Milestones 1. Demonstrate behavioral health integration, either through: Having written agreements in place between Contractor and individual or organizational Behavioral Health Providers, if such agreements are necessary to facilitate the PCPR requirements to coordinate care and integrate Primary Care and Behavioral Health Services for Panel Enrollees. Each agreement shall include specifications as appropriate for access expectations between providers, protocols for joint problem solving, information sharing, Care Coordination / Clinical Care Management and provider-to-provider consultations, or; Through other means. 0 Does the site have written agreements in place with behavioral health providers? Notes: Describe how the site integrates behavioral health with primary care. If ٠ applicable, what agreements do they have with Behavioral Health providers to formalize integration? (e.g. specifications as appropriate for access expectations between providers, protocols for joint problem solving, information sharing, Care Coordination Clinical Care Management and provider-to-provider consultations.) 2. Utilize Patient Registry to monitor and manage care for at least three chronic diseases, including one Behavioral Health condition, that are most prevalent amongst panel enrollees. Does the site utilize its patient registry to monitor and manage care for at • least three chronic diseases, including one behavioral health condition?

Notoci				
Notes:	<ul><li>Monitor</li><li>Ask the</li></ul>	hronic conditions (medical and Behavioral Health) are being ed by the site for this milestone? site to provide examples of how they track and monitor three conditions, including one behavioral health condition.		
	conditions at an (depression, and symptoms of tra assessments. • Does the	ze the EMR to track adult Panel Enrollees for Behavioral Health inual physician examinations using a standardized tool kiety, substance use, intimate partner violence, suicide risk and auma) and include bio-psychosocial and quality of life e site use the EMR to screen adult panel enrollees at their annual n exams for one or more behavioral health conditions using a		
Notes:	standard	dized tool? the EMR, what standardized tools does the site use for behaviora	al	
		creening?		