



TRIBAL HEALTH IMPROVEMENT PROGRAM

TIER CHOOSE AN ITEM. REQUEST FORM

Substantiation and Attestation of Requirements for Tier Request:

Per Section 4F Future Services of the Tribal Health Improvement Program (T-HIP) Task order: Services to be Provided and Scope of Work, please verify that the Tribe has met the following requirements:

1. Has the T-HIP met the current percentage of eligible members who are “Active”? (40% to move to Tier 2, 50% to move to Tier 3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Currently, does the T-HIP program have 100% completion rate of wellness plans for Active members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Currently, does the T-HIP program have at least 25% of 6-month surveys completed for Active members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has the T-HIP demonstrated accurate on-time monthly reporting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has the T-HIP obtained and maintained staffing requirements as listed in Section 4F of the T-HIP Task Order: Provider Requirements and Staffing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Comments:

Click or tap here to enter text.

Analysis of Current T HIP Data:

Review data requirements of current Tier for at least the last six months. If more, please indicate how long of a look back you are taking into account.

1. Describe T-HIP's performance and accomplishments regarding outreach:

Click or tap here to enter text.

2. Describe T-HIP's performance and accomplishments regarding care coordination:

Click or tap here to enter text.

3. Describe T-HIP's performance and accomplishments regarding referrals:

Click or tap here to enter text.

4. Describe T-HIP's performance and accomplishments regarding disease management and education:

Click or tap here to enter text.

5. Describe T-HIP's performance and accomplishments regarding medication management and education:

Click or tap here to enter text.

Proposed Tier Staffing:

The T HIP is required to obtain and maintain enough staff as outlined in the requirements in Section 4B of the T HIP Task Order: Services to be Provided and Scope of Work. Please list any additional staff that will be hired with the move to the next tier (i.e., administrative staff, technical support staff, or data analyst staff).

It is projected that a maximum case load for each care coordinator should be no more than 150 members. The Choose an item.T-HIP projects that it will need to hire Click here to enter text. care coordinators to meet the need of the Choose an item. care coordination requirement of Tier Choose an item.. as listed in Section 4B of the T-HIP Task Order.

In addition to the above care coordinator staff to be hired, the [Choose an item.](#)

T-HIP intends to hire:

- [Click here to enter text.](#)
- [Click here to enter text.](#)
- [Click here to enter text.](#)

Reporting Measures and Requirements:

When a Tribe advances a Tier, the same requirements outlined in Section 4E of the T HIP Task Order: Services to be Provided by the Tribe, apply to each subsequent Tier.

It is understood that when advancing to Tier [Choose an item.](#) that the T-HIP program is responsible for reporting requirements listed in Section 4E of the T-HIP Task Order.

The [Choose an item.](#) T-HIP certifies that it understands the reporting requirements as outlined in the T-HIP Task Order. The [Choose an item.](#) T-HIP also acknowledges Section 13 of the T-HIP Task Order: Performance Assessments and Corrective Actions and acknowledges understanding of possible consequences if Task Order requirements are not being met.

T-HIP Coordinator: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Tribal Health Director: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Tribal Chair/Representative: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Department Use Only:

Date of Received:

Date: [Click here to enter a date.](#)

Department Approval: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)