

## Systemic Issues Relating to MCO Involvement with the COE/COT Process

### Background:

AHCCCS DFSM and MCOs agree that use of the court dockets to identify COE members scheduled for a COT hearing is a difficult issue. They further agree that the court docket is just one tool they use because there is no singular, adequate process today. Rather, it is a manually intensive process where payers search a variety of sources to get the information needed to ensure appropriate care coordination and payment. Reviewing the court docket daily is, today, the only way for DFSM/MCOs to determine if they have a member on COE. Having this information in real time is crucial when it comes to coordinating care upon the member's discharge.

A key issue with the court docket, other than the resource burden, is that it contains incomplete information. While it contains the name of the person, it does not provide DOB, AHCCCS ID, or any other identifying information. This leaves DFSM/MCOs cross-referencing the docket with other information such as Crisis paperwork.

Lastly, both related and unrelated to COE/COT, there is some confusion surrounding the roles and responsibilities of the Justice Liaisons and Court Coordinators that are required by Contract. There are differences in these positions between MCOs which is confusing the courts about the role the MCO should play in the court process. Some MCOs are more involved than others, leading the courts to frustration with the MCOs that are less involved. Note: all counties have different systems and judges, thus the court perspective may change from county to county.

### Goal:

Identify a systemic solution to ease the path of DFSM/MCOs related to members involved in the court system (COE/COT, Drug Courts, MH Courts, etc.). AHCCCS is requesting that the MCOs, via the Arizona Association of Health Plans (and with invitation to AHCCCS DFSM to participate) form a workgroup to consider the issues noted below and make recommendations to AHCCCS. Along with the work group recommendations, AHCCCS is requesting an inventory of the current practices of justice and court roles within MCO/DFSM to provide a comprehensive synopsis of the recommendations.

### Issues for Consideration:

1. Can the process of notifying DFSM/MCOs about members who are scheduled for a COT hearing be automated?
  - a. AHCCCS is working on adding the COT flag back to the AHCCCS online eligibility verification system. It will not provide real-time data that is needed for the care coordination aspects of the COE/COT process; the COT flag in AHCCCS online could lag for up to 30 days. However, this would help providers in identifying members who are already on COT (outside of the lag period).
    - i. Need to consider timely removal of COT flag when necessary, including a start/end date, and info on tolled COTs.
    - ii. AHCCCS is considering options to reduce the lag period.
  - b. Courts are hesitant to give mental health court information to anyone (including DFSM/MCOs) due to the enhanced protections given to members subject to this process.

- c. All counties and tribes function differently within the COE/COT process, complicating the option of an automated system.
- 2. Until an automated process is established, or in-lieu of an automated process, is there a timely solution that could be implemented to alleviate challenges with the process of identifying members scheduled for a COT hearing?
  - a. If the courts would add identifying information to the court docket (e.g. AHCCCS ID, DOB), it would assist DFSM/MCOs and providers in coordinating care in real time.
  - b. Would require all counties and tribal courts to agree to do so for this to have implications statewide.
- 3. How should the roles of court-related MCO staff be defined?
  - a. Two court related positions are required in the ACC and RBHA contracts:
    - 1. **Justice System Liaison** who is located in Arizona, is the single point of contact for communication with the justice system; is the interagency liaison with the Arizona Department of Corrections (ADOC), County Jails, Sherriff's Office, Correctional Health Services, Arizona Department of Juvenile Corrections (ADJC), Arizona Office of the Courts (AOC) and Probation Departments; and is responsible for Justice System reach-in initiatives.
    - 2. **Court Coordinator** who is located in Arizona and who is the single point of contact for information specific to the court's disposition for eligible members (e.g. Drug Court, Mental Health Court, Criminal Proceedings), coordination of court ordered evaluation and treatment, and who communicates court related follow-up/requirements to Contractor staff.

CMDP, DDD, and EPD do not have Court Coordinators. These contracts have the following position instead:

    - 3. **Behavioral Health Coordinator** who is a behavioral health professional as described in Health Services Rule, A.A.C. R9-10-101, and is located in Arizona. The Behavioral Health Coordinator shall ensure AHCCCS behavioral health requirements are met, including but not limited to: coordination of behavioral health care and physical health care between all providers, review network to reduce out of state placements, active involvement in out of state placements
  - b. Should these roles be redefined? How should they be redefined? What should expectations be and how can they be communicated to stakeholders (e.g. courts)?
- 4. The extent to which DFSM/MCOs should establish data sharing agreements and care coordination processes with federal, state, county and municipal courts?