

1022 – JUSTICE SYSTEM REACH-IN PROGRAM

EFFECTIVE DATE: 10/01/21

APPROVAL DATE: 06/01/21

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including TRBHA; and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy specifies requirements for the Contractor to provide justice system reach-in care coordination activities that facilitates the transition of members transitioning out of jails and prisons into communities.

II. DEFINITIONS

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY

Justice System reach-in care coordination facilitates the transition of members transitioning out of jails and prisons into communities. AHCCCS is engaged in a data exchange process that allows AHCCCS to suspend health plan enrollment upon incarceration, rather than discontinuing eligibility. Upon the member's release, the member's AHCCCS health plan enrollment is reinstated allowing for immediate care coordination activities. To support this initiative the Contractor is required to participate in criminal justice system "reach-in" care coordination efforts.

The Contractor shall submit the Justice System Reach-In report, utilizing attachment A as specified in Contract. Adults and juveniles shall both be reported on attachment A. In addition, AHCCCS may run performance metrics such as emergency room utilization, inpatient utilization, reduction in recidivism and other access to care measures for the population to monitor care coordination activities and effectiveness.

A. REACH-IN PROGRAM ADMINISTRATIVE REQUIREMENTS

1. Designation of a Justice System Liaison as specified in Contract, who is the single point of contact for justice system stakeholders and is responsible for criminal justice system reach-in care coordination efforts.
2. Identification of the name(s) and contact information for all criminal justice system partner(s).
3. Description of the process for coordination with jails, when necessary for identification of those members in probation status.

4. Designation of parameters for identification of members requiring reach-in care coordination (e.g. definition of chronic and/or complex care needs) through agreement with reach-in partners.
5. Description of the process and timeframes for communicating with reach-in partners.
6. Description of the process and timeframes for initiating communication with reach-in members.
7. Description of methodology for assessment of anticipated cost savings to include analysis of medical expense for these identified members prior to incarceration and subsequent to reach-in activities and release.

B. REACH-IN PROGRAM CARE COORDINATION REQUIREMENTS

The Contractor shall develop:

1. A process for identification of members that meet the established parameters for reach-in care coordination which include members with chronic and/or complex physical and/or behavioral health care needs, and members in the adult correctional system who have a substance use disorder and/or meet medical necessity criteria to receive Medical Assisted Treatment (MAT). The Contractor shall utilize the 834 file data provided to the Contractor by AHCCCS to assist with identification of members. The Contractor may also use additional data if available for this purpose.
2. Policies and procedures to conduct reach-in care coordination for members who have been incarcerated for 20 days or longer and have an anticipated release date. Reach-in care coordination activities shall begin upon knowledge of a member's anticipated release date.
3. A process to collaborate with justice partners (e.g. County jails, detention facilities, courts, and correctional health service contractors; the Arizona Administrative Office of the Courts; Arizona Department of Juvenile Corrections; and the Arizona Department of Corrections Rehabilitation and Reentry) to identify justice-involved members.
4. A process to conduct pre-release care coordination activities for members transitioning out of juvenile detention jails and prisons.
5. Strategies for providing member/Health Care Decision Maker (HCDM) and Designated Representative (DR) for reach-in care coordination, education regarding care, services, resources, appointment information and Contractor Care Management contact information.
6. Requirements for scheduling of initial appointments with appropriate provider(s) or TRBHA based on member needs, appointment to occur within seven business days of member release.

7. Strategies regarding proactive planning prior to, and ongoing follow up with the member/HCDM after release from incarceration to assist with accessing and scheduling necessary services as identified in the member's care plan, including transportation, access to all three Food and Drug Administration (FDA) approved MAT options covered under the AHCCCS Behavioral Health Drug List and assignment to peer support services to help navigate and retain the member in MAT when appropriate.
8. Strategies to reengage member and maintain care coordination should re-incarceration occur.
9. Strategies to improve appropriate utilization of services.
10. Strategies to reduce recidivism within the member population.
11. Strategies to address social determinants of health.

The Contractor shall notify AHCCCS upon becoming aware that a member may be an inmate of a public institution when the member's enrollment has not been suspended, and will receive a file from AHCCCS as specified in Contract. In addition to the care coordination requirements, the Contractor shall also utilize the 834 file provided By AHCCCS to identify incarcerated members that may have missed their eligibility redetermination date while incarcerated causing a discontinuance of benefits and provide assistance with reapplication for AHCCCS Medical Assistance (MA) and other public benefits including but not limited to, Nutrition Assistance (NA) and Cash Assistance (CA) upon release.