

Meeting summary for TI 2.0 Information Session: Justice- Reach In and Tobacco Cessation (04/09/2024)

Quick recap

The meeting covered the Target Investments Program (TIP) Justice Milestone, focusing on tobacco cessation, staff training, early engagement, and reporting requirements for the program's third year. Discussions involved coordination with justice partners, health plans, and service providers to support individuals reentering the community. Challenges regarding access verification, member identification, and release planning were also addressed, emphasizing the need for improved communication and collaboration among stakeholders.

Next steps

- Cameron will send an email invite to the Justice Liaisons in Maricopa County for the April 16th meeting.
- Cameron will follow up internally to clarify the process for members to choose their preferred health plan and ensure AHCCCS coordination.
- Mary will connect Cameron with Jackie Miller to discuss the upcoming initiative and ensure alignment with the TTIP Justice program.

Summary

Target Investments Program Justice Milestone Session

Cameron, the program administrator at AHCCCS for the Target Investments programs, welcomed everyone to the session. The team also introduced Vishal, the research and statistical analyst, and Kailey, the project manager, both from the TI team, and Rick Molina from Maricopa County Tobacco Cessation. The session's focus was on the Target Investments 2.0 Justice Milestone, with a Q&A segment for any concerns. Cameron reminded participants that the meeting was being recorded and that a PowerPoint would be shared later along with summary notes. He invited any questions before the session concluded.

Year Two Program Focus and Integration

Cameron detailed the focus for year two of the program, emphasizing tobacco cessation and the need for staff training to discuss and identify support services for individuals re-entering the community. Rick offered his department's resources to assist, and they discussed the need for each clinic to have a tobacco cessation champion, with possible exceptions for certain circumstances. The team also explored the possibility of integrating ASHLine and other tobacco cessation programs into the Contexture platform, using a closed-loop referral system, and further investigating ways to streamline best practices. A financial incentive for participation in the system was also mentioned.

TIP Justice Clinics Program Progress

Cameron discussed the early reaching component of the TIP Justice Clinics program, which aims to engage individuals behind bars at an impartial setting to identify their needs, determine if they are connected to service providers, and encourage them to access services. The program focuses on individuals due to be released or who have recently been booked, and involves coordination with various justice partners and jail transition teams for ongoing care. Cameron also mentioned the development of policies and procedures in the second year of the program, to be implemented in the third year. These policies will address issues like the identification of individuals for engagement, coordination of care, and transition planning.

AHCCCS Verification Portal and Policy Discussion

Mary from United Healthcare brought up the issue of NaphCare not having access to the AHCCCS verification portal, which was causing difficulties in identifying members' health plans. Cameron from AHCCCS confirmed that he would discuss the issue with Alex, who was returning to the office the next day. Cameron also clarified that AHCA does not have access to the HEA Plus application for AHCCCS benefits and Lyn from Pima County asked about the AHCCCS and application process for Pima County. Cameron explained that there is a registration enrollment process managed by the division of Member Provider services. Lastly, a discussion was held about the AHCCCS policy, specifically the pre-release application process and the penalty for late referrals. Cameron confirmed that there is no penalty for late referrals, but improving the notification process could be an opportunity.

Early Engagement and Stakeholder Meeting

Cameron highlighted the importance of early engagement and stated that contacts made by day 3 would be considered viable, even if the individual left by day 7, as long as the engagement region activity was completed before the 10th and 20th day. Cameron also announced a meeting with stakeholders working in Maricopa County, including MCO Justice liaisons and representatives from TIP Justice clinics, scheduled for April 16th. The meeting was described as a kickoff to understand the lay of the land and identify any challenges or opportunities. Jose

raised concerns about documentation and responsibility for in-reach activities with the growing prison population.

Year 3 Milestone and Coordination Concerns

Cameron explained the year 3 milestone, which involves reporting a numerator and a denominator of the population one is responsible for reaching out to, aiming for 85% of the population. The identities of these individuals will be determined in the upcoming 416 meeting. Cameron also highlighted the importance of maintaining a ledger of individuals one is expected to reach out to and those they have completed reach out to. In the future, these data will be submitted as denominators. Robert questioned the coordination between the ACO and MCO, emphasizing the need for clear communication to avoid confusing or unnecessary contact with individuals. Cameron acknowledged this concern and emphasized the importance of coordination and clear communication.

United Healthcare Incarcerated Members Process

Mary detailed the process of identifying United Healthcare members who have been incarcerated for 20 days or longer, assigning them to justice liaisons for case assessment, and planning video visits to evaluate their needs and potential referrals. She emphasized the importance of providers communicating with members to clarify their roles and services. Cameron added that individuals in jail have their AHCCCS benefits suspended, and the process of re-engagement with health plans after release could be complex. Mary also expressed concerns about short notice of member releases from coordinating programs.

NaphCare Collaboration and Health Plan Assignments

Mary discussed their collaboration with NaphCare to identify and assist individuals transitioning from jail or prison to health plans. She expressed her reliance on Jackie Miller's team at NaphCare to identify release dates and noted their partnership with release planners to establish appointments before release. Mary also mentioned directing individuals without a health plan assignment to tip clinics. Cameron sought clarification on the procedure when an individual isn't assigned to a health plan and Jose expressed uncertainty about the current patient identification and appointment scheduling process.

Release Team Challenges and Concerns

Mary explained to Jose that the release team, led by Jackie Miller, identifies and supports individuals who are being released from prison, often in need of various types of treatment and support. Mary highlighted the challenges they face due to the increasing number of prisoners being released within months of their sentences, which is a shift from the traditional long-term incarceration. This change has caused confusion and problems with case management and release dates, as the team is unsure if and when they should close cases for individuals who

are being released early. Mary also mentioned that Alex Ruth has been informed of these concerns.

Improving Coordination and Care Planning

Mary emphasized the importance of better coordination among various groups, including AHCCCS, ADCRR and NaphCare, to ensure proper release planning and the provision of essential services. Robert questioned the management of care plans for individuals who have been incarcerated for extended periods, and Cameron confirmed the need for member choice and internal guidance on potential biases. It was also clarified that if a member does not have a preference, an algorithm is used to assign a health plan, and members can choose a health plan outside their Gsa. The team agreed to work towards ensuring continuous service provision as members reintegrate into the community.

Improving Coordination for Upcoming Initiative

Cameron highlighted the need for better coordination and communication among stakeholders regarding an upcoming initiative. He asked Mary to connect him with Jackie to ensure clarity on the initiative and to confirm their attendance at the 4/16 meeting. It was clarified that this meeting was intended for justice participants, health plans, and AHCCCS, and that it was not a closed meeting. Cameron also emphasized the importance of signing up for the TI Newsletter for updates on justice-related activities.

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Q&A Session Takeaways

- AHCCCS Policy does not allow re-enrollment until 30 days prior to expected release. This requirement only is 45 days. What is the expectation?
 - Connecting with the individual between the 30th to 45th day.
 - AHCCCS allows pre-release applications to be completed 30 to 45 days before release. Approval will happen upon release.
- What if referral is received late (i.e. less than 45 days before release)?
 - Work with your justice partner to improve communications/process.
 - TI participants will not be penalized for late verification.
 - You can reach in sooner.
- In regards to in reach: What is the expectation for documentation? How do you know who is responsible for whom?
 - Year 3-Documentation
 - In Year 2- Submit policy/procedures only.
 - Year 3- Maintain a ledger of folks. Report numerator and denominator to say “individuals who were reached out to.”

- The April 16 TIP Justice meeting is closed to TI 2.0 participants, MCOs, partners working with DOC in Maricopa County only.

Not Full Response (Additional Research Needed):

- Getting NaphCare access to the AHCCCS Online Verification Portal.
- Confirming who has access to become a corrections assistor in HEA Plus.
- Short-term vs long-term sentences and recent changes with MCSO detainment.
- How is patient choice documented and respected in NaphCare's engagement?
 - Yes, member choice is paramount. Make sure that orgs are coordinating and helping them make a selection.
 - Members make their choice. If a member does not choose a plan then AHCCCS chooses the health plan (based on algorithm).