1022 – JUSTICE SYSTEM REACH-IN PROGRAM

EFFECTIVE DATES: 10/01/21, 10/01/22, 10/01/24

APPROVAL DATES: 06/01/21, 04/21/22, 07/10/24

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD) Contractors; and Fee-For-Service (FFS) Providers serving: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHAs, and all FFS populations, excluding Federal Emergency Services Program (FESP). (For FESP, 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, prisons, and detention facilities into communities.

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy including:

DESIGNATED REPRESENTATIVE (DR)	**HEALTHCARE DECISION MAKER (HCDM)**	**INTERGOVERNMENTAL AGREEMENT (IGA)**
MEDICATIONS FOR OPIOID USE DISORDER (MOUD)	**MEDICATION ASSISTED TREATMENT (MAT)**	**MEMBER**

III. POLICY

The Justice system reach-in care coordination facilitates the transition of members transitioning out of jails, prisons, and detention facilities 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 justice system reach-in care coordination efforts.

The Contractor shall monitor and report justice system reach-in outcomes and shall submit Attachment A and Attachment B as specified in Contract. 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.

The Fee-For-Service (FFS) providers shall collaborate with justice system stakeholders to provide care coordination activities for FFS members transitioning out of jails, prisons and detention facilities to the community. TRBHAs and Tribal ALTCS shall coordinate with government agencies and justice system stakeholders as specified in their respective Intergovernmental Agreement (IGA).

A. REACH-IN PROGRAM ADMINISTRATIVE REQUIREMENTS

The Contractor shall provide the following information as specified in Contract:

1. The 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 justice system reach-in care coordination efforts.

2. The name(s) and contact information for all justice system partner(s).

3. The description of the process for coordination with jails, prisons, and detention facilities for identification of members in probation status.

4. The designation of parameters for identification of members requiring justice system reach-in care coordination (e.g., definition of chronic and/or complex care needs) through agreement with justice system reach-in partners.

5. The description of the process and timeframes for communicating with justice system reach-in partners.

6. The description of the process and timeframes for initiating communication with justice system reach-in members.

7. The description of the methodology for assessment of anticipated cost savings to include analysis of medical expense for these identified members prior to incarceration and subsequent to justice system reach-in activities and release.

B. REACH-IN PROGRAM CARE COORDINATION REQUIREMENTS

The Contractor shall develop the following information as specified in Contract:

1. A process for identification of members that meet the established parameters for justice system reach-in care coordination which includes 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 who meet medical necessity criteria to receive Medications for Opioid Use Disorder (MOUD) and 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. The policies and procedures to conduct justice system reach-in care coordination for members who have been incarcerated for 20 days or longer and have an anticipated release date. Justice system reach-in care coordination activities shall begin upon knowledge of a member's anticipated release date. Justice system reach-in may take place independent of an anticipated release date if the Contractor Justice System staff is actively coordinating with the jail/prison/detention facility transition planners to identify a release date as a member navigates the justice system.

3. A process to collaborate with justice system stakeholders to identify justice-involved members. Justice system stakeholders include but are not limited to:
   a. County jails,
   b. County detention facilities,
   c. Courts,
   d. Correctional health service contractors,
   e. Parole and probation departments,
   f. Arizona Administrative Office of the Courts,
   g. Arizona Department of Juvenile Corrections,
   h. Arizona Department of Corrections Rehabilitation and Reentry, and
   i. Community supervision agencies.

4. A process to conduct pre-release care coordination activities for members transitioning out of juvenile detention jails and prisons.

5. The strategies for providing member/Health Care Decision Maker (HCDM) and Designated Representative (DR) for justice system reach-in care coordination, education regarding care, services, resources, appointment information and Contractor Care Management contact information.

6. The requirements and processes for scheduling of initial appointments with appropriate provider(s) based on member needs, appointment to occur within seven business days of member release.

7. The strategies regarding proactive planning prior to, and ongoing follow up with the member/HCDM, DR 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 MOUD and MAT options covered under the AHCCCS Behavioral Health Drug List, and assignment to peer support services to help navigate and retain the member in MOUD and MAT when appropriate.

8. The strategies to reengage the member and maintain care coordination for the member should re-incarceration occur.

9. The strategies to improve appropriate utilization of services.

10. The strategies to reduce recidivism within the member population.

11. The strategies to address Social Determinants of Health (SDOH)/Health Related Social Needs (HRSN).

The Contractor shall notify AHCCCS by emailing MCDUJustice@azahcccs.gov upon becoming aware that a member may be an inmate of a public institution when the member's enrollment has not been suspended or has not been reinstated 24 hours following release. The Contractor 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 and Cash Assistance (CA) upon release.