

**1022 – JUSTICE SYSTEM REACH-IN PROGRAM**

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

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

**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 establishes requirements related to pre-release coordination activities under the Consolidated Appropriations Act, including Contractor responsibilities for referral and coordination with AHCCCS-approved providers delivering covered pre-release services. This Policy applies to both justice system reach-in activities and Consolidated Appropriations Act pre-release service coordination, which together support continuity of care for justice-involved members transitioning to the community.<sup>1</sup>

~~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 ACOM and AMPM Dictionary<sup>2</sup> for common terms found in this Policy ~~including~~<sup>3</sup>:

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

<sup>1</sup> Updated to include Consolidated Appropriations Act requirements for pre-release services.

<sup>2</sup> Revised to update dictionary name change.

<sup>3</sup> Removing definition box of common terms, they can be found in the AHCCCS ACOM and AMPM Dictionary.

### III. POLICY

~~Justice system reach-in care coordination facilitates the transition of members transitioning out of jails, prisons, and detention facilities into communities.~~ Justice system reach-in and pre-release service care coordination supports members transitioning from jails, prisons, and detention centers back into the community to promote effective transitions, reduce recidivism, improve health outcomes, and ensure members receive timely access to medically necessary services.<sup>4</sup> 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. In addition, Centers for Medicare and Medicaid Services (CMS) requires states to provide certain pre-release services for Medicaid and CHIP eligible justice-involved youth under the Consolidated Appropriations Act further necessitating Contractor participation in coordination between carceral settings and community providers. During initial implementation phases, pre-release services required under the Consolidated Appropriations Act are delivered by AHCCCS-approved providers, and Contractors are responsible for identifying members who may be eligible for pre-release services and initiating referrals for service delivery.<sup>5</sup> To support these initiatives the Contractor is required to participate in justice system reach-in and pre-release 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.~~<sup>6</sup>

~~Fee-For-Service (FFS) providers~~ providers serving Fee-For-Service members<sup>7</sup> 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. ~~The~~ TRBHAs and Tribal ALTCS shall coordinate with government agencies and justice system stakeholders as specified in their respective Intergovernmental Agreement (IGA) and coordinate the care of members involved in the justice system including but not limited to:

1. Working directly with Justice partners and service providers involved with the Member.
2. Exchanging information regarding the Member's current needs or service plan, in compliance with all applicable laws and regulations.

<sup>4</sup> Revised for identification of objectives of reach-in responsibilities.

<sup>5</sup> Addition of Centers for Medicare and Medicaid Services (CMS) requirements for justice-involved individuals under Consolidated Appropriations Act.

<sup>6</sup> Reporting Requirements relocated to end of policy in separate section.

<sup>7</sup> Revised language to clarify that providers serve both Fee-For-Service (FFS) and Managed Care Organization (MCO) members as opposed to the provider being FFS.

**A. REACH-IN AND PRE-RELEASE SERVICE COORDINATION<sup>8</sup> PROGRAM ADMINISTRATIVE REQUIREMENTS**

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

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 justice system reach-in care coordination efforts.
2. The name(s) and contact information for all justice system partner(s).
3. Description of the process for coordination with jails, prisons, and detention facilities for identification of members in probation status.
4. 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. Description of the process and timeframes for communicating with justice system reach-in partners.
6. Description of the process and timeframes for initiating communication with justice system reach-in members.
- 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.

7.

The Contractor shall maintain a provider network with sufficient capacity to ensure members have timely access to medically necessary services associated with justice system reach-in and pre-release coordination requirements. For Consolidated Appropriations Act pre-release services, Contractors shall coordinate with AHCCCS-approved providers designated to deliver these services.<sup>9</sup>

<sup>8</sup> Updated to include Consolidated Appropriations Act requirements for pre-release services.

<sup>9</sup> Outlines network adequacy standards to ensure timely access per Consolidated Appropriations Act requirements and AHCCCS standards.

~~B.~~ REACH-IN AND PRE-RELEASE SERVICE PROGRAM CARE<sup>10</sup> COORDINATION REQUIREMENTS

B.

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. 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.
- ~~2.3.~~ Policies and procedures to support provider referrals to AHCCCS-approved providers for members determined eligible for pre-release services under the Consolidated Appropriations Act.<sup>11</sup>
- ~~3.~~ A process to collaborate with justice system stakeholders to identify justice-involved members. Justice system stakeholders include but are not limited to:
4.
  - ~~a.~~ County jails,
  - a.
  - ~~b.~~ County detention facilities,
  - b.
  - ~~c.~~ Courts,
  - c.
  - d. Correctional health service contractors,
  - ~~e.~~ Parole and probation departments,
  - e.
  - 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.

<sup>10</sup> Updated to include Consolidated Appropriations Act requirements for pre-release services.

<sup>11</sup> Updated to include Consolidated Appropriations Act requirements for pre-release services.

- ~~4.~~—A process to conduct pre-release care coordination activities for members transitioning out of juvenile detention ~~centers-jails~~<sup>12</sup> and prisons. These activities include justice system reach-in coordination responsibilities, and do not replace services delivered by approved providers under the Consolidated Appropriations Act.<sup>13</sup>
- 5.
- ~~5.~~—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.
- ~~6.~~—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.
- ~~7.~~~~8.~~ 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.~~~~9.~~ Strategies to reengage the member and maintain care coordination for the member should re-incarceration occur.
- ~~9.~~~~10.~~ Strategies to improve appropriate utilization of services.
- ~~10.~~ Strategies to reduce recidivism within the member population.
- 11.
12. Strategies to address Social Determinants of Health (SDOH)/Health Related Social Needs (HRSN).
- ~~11.~~~~13.~~ 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.

<sup>12</sup> Revised to correct term.

<sup>13</sup> Updated to include Consolidated Appropriations Act requirements for pre-release services.

**C. PRE-RELEASE AND POST-RELEASE COORDINATION REQUIREMENTS UNDER THE CONSOLIDATED APPROPRIATIONS ACT**

This section describes the requirements for coordination of services for eligible members as required under the Consolidated Appropriation Act prior to and following release from carceral settings, including identification, referral, service delivery, and care coordination responsibilities. Pre-release services under the Consolidated Appropriations Act are in addition to, and do not replace or duplicate justice system reach-in care coordination requirements outlined in this policy. The Contractor remains responsible for all justice system reach-in activities, including identification, engagement, and care coordination for all justice involved members. Requirements include the following:<sup>14</sup>

1. Identification of Eligible Members by Population: For purposes of pre-release services under the Consolidated Appropriations Act, eligibility includes:
  - Medicaid or CHIP eligible youth up to age 21, or
    - a. \_\_\_\_\_
    - b. Medicaid eligible individuals up to age 26 who qualify under the former foster care children eligibility group.
2. Contractor responsibilities during initial implementation phases: Contractors are responsible for identification and referral, and not the direct provision of pre-release services under the Consolidated Appropriations Act. The Contractor shall:
  - a. Identify members who may be eligible for pre-release services based on information received from AHCCCS, carceral settings, or other sources,
  - b. Initiate referrals for eligible members to AHCCCS-approved providers designated to deliver pre-release service,
  - c. Ensure referrals occur:
    - i. At least 30 days prior to release, when feasible, or
    - ii. As soon as practicable upon identification of eligibility.
  - d. Coordinate with justice system partners, AHCCCS, and community providers to support continuity of care, and
  - e. Maintain processes to track referrals and support post-release coordination.
3. Provider responsibilities pre-release services under the Consolidated Appropriation Act: Pre-release services shall be delivered only by AHCCCS approved providers. – Approved providers shall:
  - a. Initiate outreach to the member upon receipt of the referral,
  - b. Conduct screening, assessment, and service planning activities,
    - Coordinate with the member, HCDM/DR, justice system stakeholders and community providers to develop a post release transition plan,
  - c. \_\_\_\_\_

<sup>14</sup> Section added to align with Consolidated Appropriations Act.

- d. Schedule post release service appointments to ensure continuity of care upon release, and
  - e. Coordinate with the Contractor to support continuity of care following the members release.
4. Scope of Covered Pre-release Services: Covered pre-release services include:
- a. Screening and diagnostic evaluations,
  - b. Behavioral Health and medical assessments,
  - c. Targeted case management and care coordination,
  - d. Development of a comprehensive post release service plan,
  - e. Coordination with family members, HCDM/DR, and involved systems (e.g. DDD or DCS),
  - f. Scheduling of post-release appointments and services, and
  - g. Medication planning and coordination to ensure access upon release.

These services are intended to support early identification of needs, continuity of care, and successful transition from carceral settings to the community.

5. Post-release Requirements include that the Contractor shall ensure:
- a. Members receiving pre-release services are connected to ongoing care immediately upon release,
  - b. At least on care coordination or case management service is provided post-release, with additional services delivered as clinically indicated, and
  - c. Care coordination aligns with the member’s transition plan and identified needs.

#### **D. REPORTING REQUIREMENTS**

The Contractor shall monitor and report justice system reach-in and pre-release service coordination outcomes and shall submit Attachment A and Attachment B as specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables<sup>15</sup>. Reporting shall include distinct tracking of justice system reach-in activities, pre-release service referrals under the Consolidated Appropriations Act, and reentry coordination activities. 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.<sup>16</sup>

<sup>15</sup> Revised to add location.

<sup>16</sup> Section moved from above.