

INSTRUCTIONS – JUSTICE SYSTEM REACH-IN AND PRE-RELEASE MONITORING REPORT

General Instructions

This report is submitted quarterly.
Complete all applicable fields based on information available to the Contractor.
Do not leave required fields blank; use "N/A" if not applicable.
This report captures:

Justice System Reach-In care coordination
Consolidated Appropriations Act eligibility identification and referral
Re-entry coordination (if applicable)

Provide total counts for the reporting period:

Total Members Meeting Reach-In Criteria: Members incarcerated 20 days or longer with an anticipated release date.

Total Members Receiving Reach-In Care Coordination: Members for whom the Contractor conducted reach-in coordination activities.

Total Members Identified as Eligible for Consolidated Appropriations Act: Members identified as meeting Consolidated Appropriations Act eligibility criteria.

Total Members Referred to AHCCCS-Approved Providers for Consolidated Appropriations Act: Members for whom a referral was initiated to an approved provider for pre-release services.

Total Members Receiving re-entry Coordination: Members receiving re-entry support services (if applicable).

Total Members Receiving Medications for Opioid Use Disorders/Medication Assisted Treatment (MOUD/MAT) While Incarcerated: Members known to have received MOUD/MAT services during incarceration.

SECTION 2: MEMBER-LEVEL DETAIL

Complete one row per member.

Field Instructions

Member Identifier: Enter AHCCCS ID. If unavailable, enter member name.

Adult or Juvenile (A/J): Indicate "A" for adult or "J" for juvenile.

SMI or SED (Y/N): Indicate whether the member has an SMI (adult) or SED (juvenile) designation.

Geographic Service Area (GSA): Enter the member's assigned GSA.

Reach-In Care Coordination Provided (Y/N): Indicate "Y" if the Contractor provided any reach-in care coordination activities.

CAA Eligible (Y/N): Indicate "Y" if the member was identified as eligible for Consolidated Appropriations Act pre-release services.

CAA Referral Completed (Y/N): Indicate "Y" if a referral was made to an AHCCCS-approved provider for pre-release services.

Reentry Coordination Provided (Y/N): Indicate "Y" if the member received re-entry coordination services.

Received MOUD/MAT While Incarcerated (Y/N): Indicate "Y" if known that the member received MOUD/MAT while incarcerated.

Transition Plan Completed Prior to Release (Y/N): Indicate "Y" if a transition plan was completed prior to release, based on available information.

Barriers to Reach-In or CAA Referral: Document any barriers that prevented reach-in coordination or timely referral.

Comments Include relevant details such as: *Timing constraints *Reasons for no referral *Member refusal *Coordination challenges

