

## Reentry Targeted Case Management: Medicaid Fee-for-Service Enrollees

Community Health Partnership Services (CHPS), the reentry third-party administrator, is able to provide Reentry Targeted Case Management (rTCM) for some Fee-For-Service (FFS) Medicaid enrollees during incarceration if the carceral facility is unable to provide rTCM. CHPS is also available to provide post-release rTCM services for these individuals.

This form should be used to guide the facility in referring clients to CHPS for rTCM services. **Please only send this information to CHPS for individuals that require rTCM services from CHPS.**

FFS enrollees who have Behavioral Health Services Only (BHSO) assignment with a Managed Care Organization (MCO) should be referred to the MCO for rTCM support.

rTCM Responsible Party	CHPS/TPA	MCO
FFS with BHSO Assignment		x
FFS without BHSO Assignment	x	

The next page of this document contains a checklist of information to be provided.

## CHPS rTCM Contact Information

*Please use email for non-urgent communication and referrals. Please contact CHPS by phone for escalations and to collaborate on clients.*

Email:	<a href="mailto:cm.chps@chpw.org">cm.chps@chpw.org</a>	(please include facility name in the subject line)
Telephone:	800.461.0305	
Fax:	206.521.8834	

## Checklist for Fee-for-Service Medicaid Enrollees Requiring rTCM from CHPS

Once an individual's Medicaid enrollment status is determined and screening is complete, please send a notice to CHPS. The notification should include the following information:

- \_\_\_\_\_ Carceral Facility Name and Contact Information (for follow up questions)
- \_\_\_\_\_ Individual's Information:
  - \_\_\_\_\_ Full Name
  - \_\_\_\_\_ Provider One ID number
  - \_\_\_\_\_ Date of Birth
  - \_\_\_\_\_ Date of Booking
  - \_\_\_\_\_ Initial Screening document(s)
  - \_\_\_\_\_ Whether the individual identifies as American Indian/Alaska Native
  - \_\_\_\_\_ Veteran status
  - \_\_\_\_\_ Release of Information document or rTCM opt-out
  - \_\_\_\_\_ For juveniles (age 20 and younger): please include whether they are in pre- or post-adjudication status
- \_\_\_\_\_ rTCM provider during incarceration (name/phone/email)

If the individual **has already been released from the facility at the time of the notice**, please also include the following information in addition to the above information:

- \_\_\_\_\_ Date of Release
- \_\_\_\_\_ Individual's Information:
  - \_\_\_\_\_ Direct phone number
  - \_\_\_\_\_ Current address (residence and mailing, if different)
  - \_\_\_\_\_ Email address
  - \_\_\_\_\_ Transition of Care Plan document(s)
- \_\_\_\_\_ Indicate if pre-release rTCM services were incomplete due to sudden/early release
- \_\_\_\_\_ Probation officer contact information, if appropriate
- \_\_\_\_\_ Schedule the Post-Release Warm Handoff meeting\*\*

*\*\*Carceral facilities are responsible for coordinating the warm handoff upon member release, ideally 14 days before release if time allows or within 7 days of an early or sudden release. In addition, please notify CHPS of any change in status, such as location, estimated release date, etc. For facility questions or member escalations, refer to the CHPS direct contact information.*