

Reentry Health Care Program

Presented by Amber Chaney



1115 Medicaid Waiver
Reentry Health Care program

Medicaid and 1115 Medicaid Waiver Facts

- ❖ There are federal laws that are in effect that govern Medicaid
 - ❖ Each state gets to administer Medicaid using the federal rules
 - ❖ Oregon calls our Medicaid program the Oregon Health Plan or OHP
- ❖ Most states submit what is called a Waiver to get approval from Center for Medicare and Medicaid Services or CMS (federal government agency for Medicaid) to not follow certain rules-basically getting permission to “waive” rules/regulations/laws
 - ❖ Oregon has several waivers in place currently
 - ❖ In June of 2024, Oregon got approval to administer/provide benefits to individuals who are incarcerated **up to 90 days prior** to release from a carceral facility

The Approved Three Service Levels

The 1115 Medicaid Waiver approval included Service level 2 and 3

Service Levels

NOT BEING IMPLEMENTED

Service Level 1

FCAA

- OHP coverage screening and application assistance
- Incarceration date notification
- Release date notification to support unsuspension and reactivation of benefits
- Targeted case management
- Screenings and diagnostics in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements

Required for all facilities - *eligible population is individuals who are post-adjudicated up to age 21 or former foster care youth up to 26*

Service Level 2

1115 Reentry Demonstration

- Medication-assisted treatment (MAT) through medications to treat substance use disorders in addition to behavioral counseling or peer support
- 30 days of medications in hand at release (*as clinically appropriate*)

Optional but *required for facilities to be eligible for capacity building funds* - *eligible population is anyone who is incarcerated and eligible for OHP (level 2 &3)*

Service Level 3

1115 Reentry Demonstration

- Lab and radiology services
- Limited clinical consultation services
- Prescribed medications and medication administration
- Family Planning Services and supplies

Not required, but reimbursed by Medicaid

Services

Impact to Carceral Facilities

What is FCAA?

Federal Consolidated Appropriations Act (FCAA) 2023 Sec. 5121

FCAA 2023 Sec. 5121 created a new mandatory eligibility for youth releasing from carceral settings. OHA is rolling out this new program *gradually starting Jan 1, 2026.*

FCAA 2023 Sec. 5121 Eligible population:

- ✓ Eligible for Medicaid or CHIP; *and*
- ✓ Under 21 *or* under 26 and aged out of foster care system; *and*
- ✓ **Post-adjudicated (sentenced);** *and*
- ✓ Within 30 days prior to release from a carceral facility or within 30 days post-release from a carceral facility.

FCAA 2023 Sec. 5121 Eligible Services:

- ✓ Targeted Case Management (TCM)
- ✓ Screening and diagnostic services in alignment with **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)** within 1 week of release or as soon as possible after release.

Program Scope and Timeline

Starting Jan 1, 2026: OHA started implementing changes to eligibility and enrollment processes to support identification and enrollment for the Youth to connect with their CCO/Acentra and gain access to post-release services.

General Rollout Plan:

In 2026:

- Medicaid reimbursement available for FCAA **covered services** *starting* in the **post-release** period.
- OHA support eligibility and enrollment processes with carceral facilities to identify and **enroll** FCAA-eligible youth **pre-release**.

In 2027:

- ❑ **(NEW)** Medicaid reimbursement available for FCAA covered services *starting* in the **pre-release** period.

What Services are included?

Starting in 2026, OHA will offer FCAA services **30 days post release**. Pre-release services will begin no earlier than 2027.

- Targeted Case Management
 - Comprehensive assessment of individual needs
 - Development of a person-centered care plan based on information collected during assessment
 - Referrals and related activities to obtain needed services identified in person-centered care plan
 - Follow-up activities to ensure care plan is implemented
 - 30 days post-release care coordination (finding healthcare providers, scheduling appointments, etc.)
- Screenings and diagnostics in alignment with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits

Health Risk Assessment: **identify physical health care needs including any urgent or emergent needs**

Prior and current physical health information on:

- Medical, mental, substance use, housing, and other health-related social needs (HRSN), functional needs, and strengths and support resources

Identify need for :

- ✓ Clinical consultations
- ✓ Establishing care with primary care or specialists in preparation for release
- ✓ Family planning services or supplies
- ✓ Durable medical equipment
- ✓ Any preventative care access (e.g., substance use treatment, vaccinations, recent physical exam)

Reentry Care Plan

Reentry Care Plan (RCP), a person-centered care plan. Per OAR 410-155-0010

Specify the goals and actions needed to address:

- ✓ medical,
- ✓ mental,
- ✓ substance use,
- ✓ housing and other HRSN,
- ✓ functional needs, and
- ✓ Strengths and support needs of the FCAA-Covered Youth, such as developing safe decision-making skills or building relationships.

**Include referrals and related activities such as scheduling appointments and others to develop those goals.

**Identify a course of action to respond to the goals and proposed actions of the FCAA-Covered Youth.

Eligible Facility Types

63 Eligible carceral facilities in Oregon

Note: Three Transition Centers and 2 municipal jails are pending decision on inclusion and are currently not included in communications or planning.

30

Adult county jails*

13

State Prison (DOC)

11

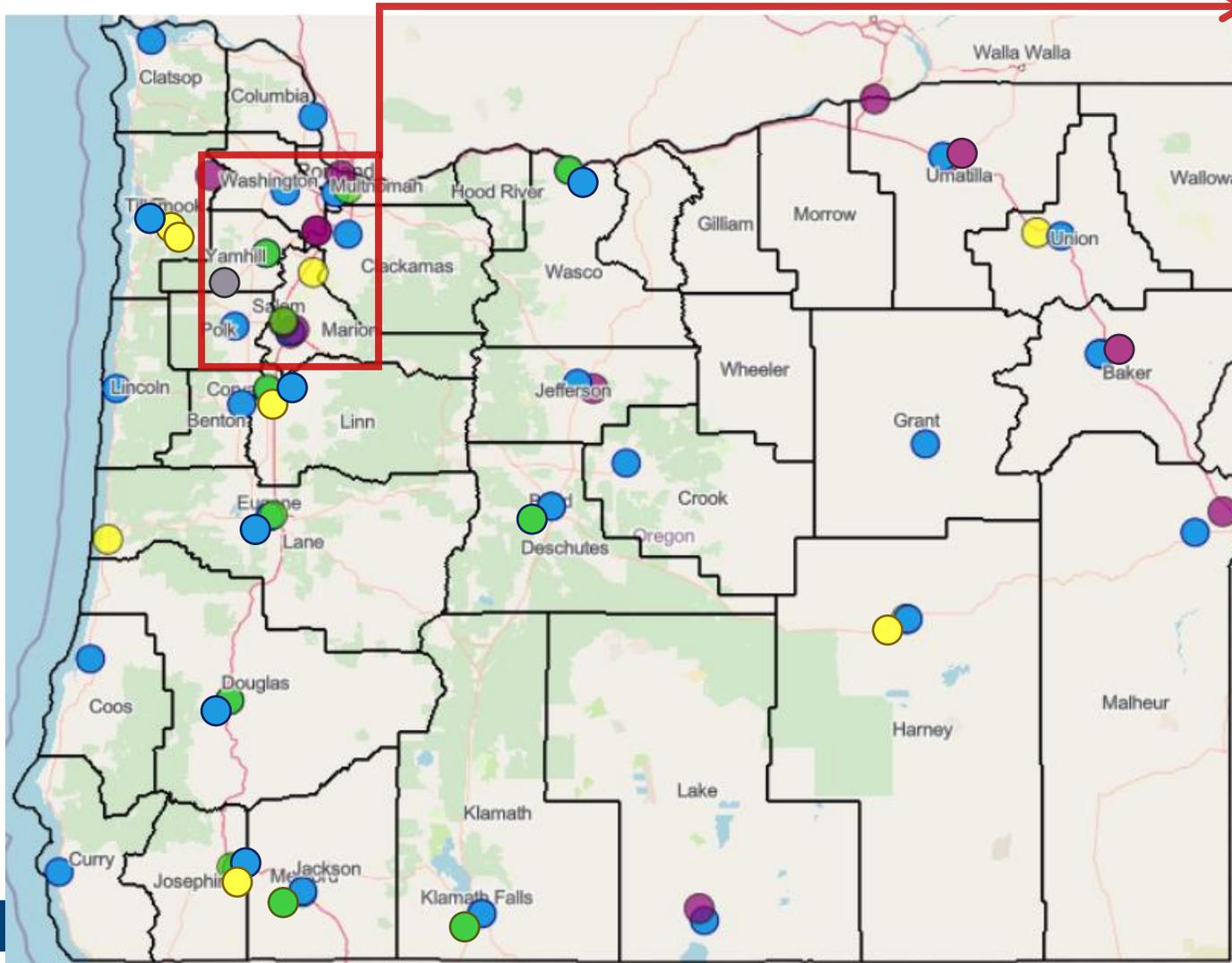
County Juvenile Detention

8

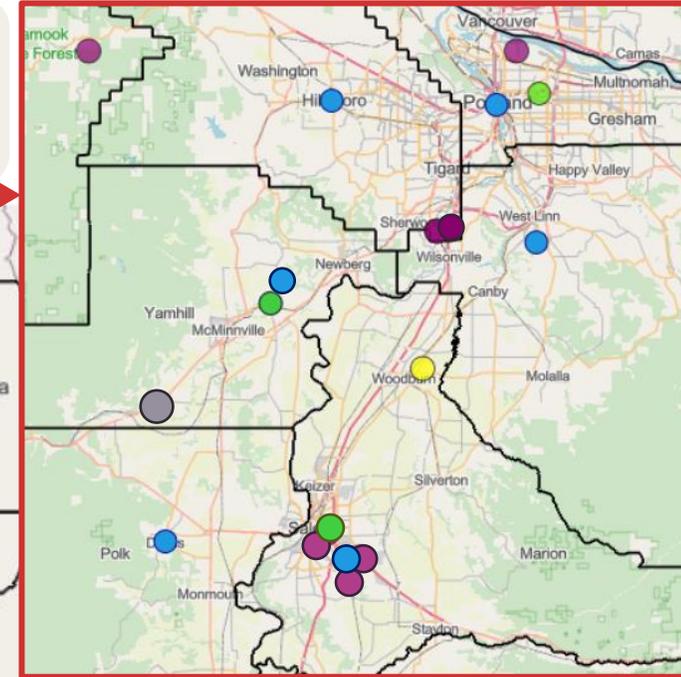
Oregon Youth Authority (OYA)**

1

Federal Correctional Institution



North I-5 Corridor



*Multnomah County Jail and Inverness Jail share the same location and leadership and were combined.

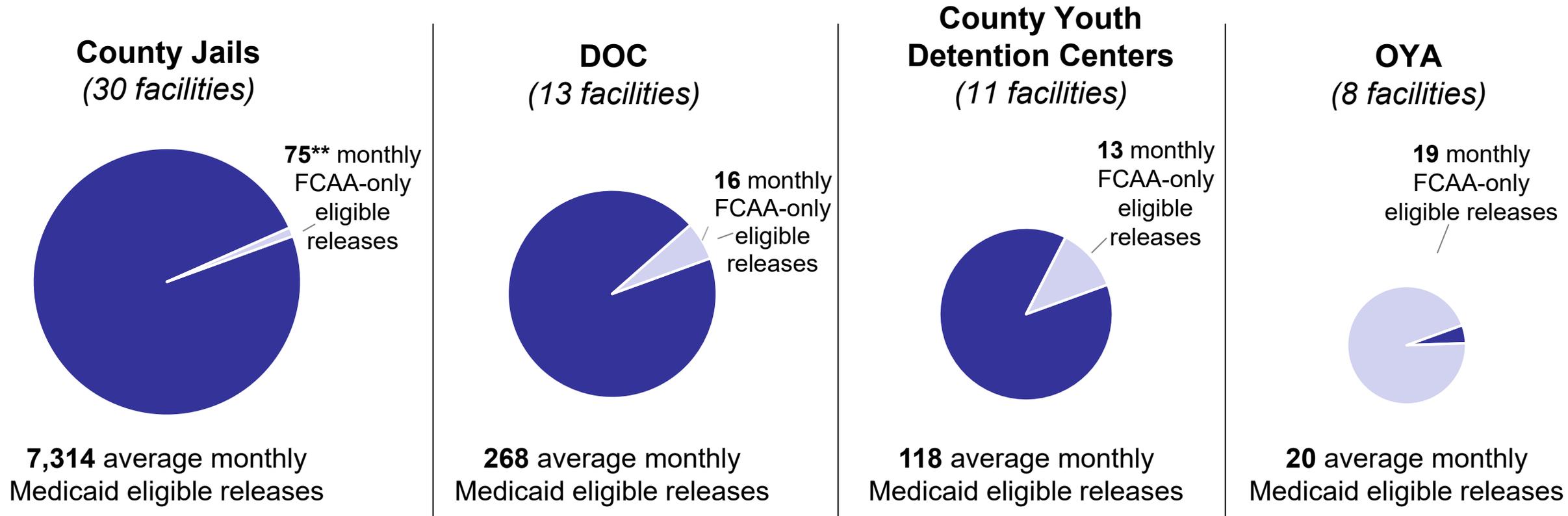
**Jackie Winters and Oak Creek share the same location and leadership and were combined.

Facility Type

- County Jail
- State Prison (DOC)
- County Juvenile Detention
- Oregon Youth Authority (OYA)
- Federal Correctional Institution

Distribution of FCAA Population Across Facilities

Oregon has 62 state and county correctional facilities that hold FCAA-eligible Members.* OHA's best estimate for the impacted FCAA population is **123 releases per month**, or 1,476 releases per year.



** This likely is an overestimate as it includes all individuals who are post-adjudicated between the ages of 18 and 26

Key:

Other Medicaid Eligible

FCAA- Only Eligible

Additional Information & Estimated Populations

Facility Type	Post-adjudicated (sentenced)	Releasing and Under 26*	Estimated FCAA population monthly	% of FCAA population compared to full releasing population monthly by facility type	Full releasing population monthly
OYA 9 different OYA facilities that act as a single statewide agency.	All	All	19	95%	20
DOC 13 different DOC facilities that act as a single statewide agency.	All	Very few	16	5%	335
County Juvenile Detention 11 different county jails that act independently.	Very few (majority of population is PRE-adjudication/ sentencing)	All	13	6%	220
County Adult Jails 30 different county jails that act independently.	Very few (majority of population is PRE-adjudication/ sentencing)	Some (the bigger limiting filter for county jails is the post-adjudication status rather than age)	75	0.8%	9,142
Total			123	1.3%	9,633

***Note:** because 'aging out of foster care' is not typically a data point that is tracked by carceral facilities, these monthly estimates likely **over-estimate** the true population monthly. Because the actual 'aged out of foster care' data was not available these estimates include *all* individuals who were releasing and under 26.

What are facilities like Juvenile Detentions and Adult Jails doing now to get ready?

- OHA sent out participation forms to all the eligible facilities across the state in November
- Each facility will need to assess their ability to participate and inform OHA
- If a facility chooses to participate in 2026, they will work with OHA to create an implementation plan
- OHA will be offering TA for all facilities throughout 2026

What should community partners be doing now?

- Carceral facilities will need support from community providers and partners as the FCAA post-release services roll-out
- CCOs or Acentra (fee-for-service) will likely be contracting with community providers to perform required services under FCAA
 - We have created a [CCO Service Guidance Document](#) located on the CCO site
- Stay connected to your local facilities
- Stay connected to updates of progression of implementation with the [Oregon Health Plan \(OHP\) Reentry Health Care](#) website
- We have created an FCAA program [Fact Sheet](#) and [Fact Sheet for TCM billing](#) (Targeted Case Management) for CCOs and providers

Questions?

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Updated OARs and Impacted OARs as of 1/1/2026

- **All OARs impacted:**

- 410-120-0000, 410-138-0000, 410-138-0005, 410-138-0020, 410-138-0060, 410-138-0080, 410-138-0390, 410-138-0420, 410-141-3820

- ***NEW* Standalone Reentry OARs effective 1/1/2026:**

- 410-155-0000 and 410-155-0010

- **TCM provider qualifications:**

- [410-138-0060](#)

- **Full list found on SOS:**

- [Reentry OARs](#)

Revised TCM Provider Qualifications

Based on the feedback received during the RAC, OHA has broadened the provider qualifications required to deliver Reentry TCM. Some of the revisions include adding Nurse Practitioners, Registered Nurses, and revising the requirements for Traditional Health Workers.

The current proposed rules for provider qualifications now reads:

(1) Providers delivering Reentry targeted case management services as part of Reentry FCAA Services must meet the following requirements:

(a) Be a **Licensed Practitioner** working within the scope of practice as defined by state law, including but not limited to a Physician as defined in ORS 677.010, a **Nurse Practitioner** licensed under ORS 678.375, a **Registered Nurse** licensed under ORS 678.021, 678.040, 678.279, or 678.370; or

(b) Be a **Behavioral Health Clinician** as defined in ORS 414.025; or

(c) Be a QMHP or QMHA as defined in OAR 309-019-0105; or

(d) Be a Certified Alcohol and Drug Counselor (CADC), **Certified Alcohol and Drug Counselor Candidate** (CADC-R), or **Certified Gambling Addiction Counselor** (CGAC) as defined in OAR 309-083-0010; or

(e) Be a **Master's Social Worker** licensed under ORS 675.533; or

(f) Be a board registered **Baccalaureate Social Worker** per ORS 675.532; or

(g) Possess certification through the Oregon Health Authority Office of Equity and Inclusion as a Traditional Health Worker and;

(A) **Work under the supervision of a licensed clinician; or**

(B) **Are an employee of a CCO; or**

(C) **Are an employee of a Medicaid-enrolled public or private agency, inclusive of Local Public Health Authorities, with the demonstrated ability to meet all state and federal laws governing the participation of providers in the state Medicaid program.**

(2) Work in compliance with Medicaid policies, procedures, and protocols as described in **OAR 410-141-3510.**