

# Delivering Reentry Services to Individuals in Short-Term Stay Facilities

## Purpose

This document is intended for use by carceral facilities who hold individuals for short durations of time, with uncertain release dates, such as county jails and county juvenile detention facilities. While facilities are expected to deliver Reentry Health Care Program services within the 90 days prior to expected release, the State has developed a “**Short-Term Model**” to provide minimum requirements for facilities that hold individuals pre-trial.

This document provides an overview of Oregon's Reentry Health Care Program Short-Term Model requirements and identifies roles and responsibilities during the pre- and post-release period for the carceral facility and the Open Card contractor. The Open Card contractor will be responsible for overseeing the delivery of services during the pre-release period and care coordination with the individual’s Coordinated Care Organization (CCO) through release.

The Short-Term Model requirements only address services covered under Oregon’s Reentry Health Care Program. Carceral facilities are still responsible for providing overall health care to individuals in their custody.

## Informational Graphics

Table 1: Short-Term Model

Table 2: Roles and Responsibilities

Figure 1: Checklist and Flow Chart: Facility Responsibilities

## Short-Term Model Overview

- Services begin as close to intake as possible, facilities can bill for services as soon as Oregon Health Plan (OHP) coverage is active.
- Medicaid reimbursement will only be available OHP members, which means carceral facilities must first confirm active enrollment in OHP within 3 days of intake. ***This model uses business days, Monday – Friday, excluding State and Federal Holidays.***
- Some activities will be performed by Open Card contractors in the pre-release period requiring collaboration with the carceral facility to complete required activities in required timelines (***see Table 2: Roles and Responsibilities***).
- The Short-Term Model is a requirement for facilities that hold individuals pretrial. Once an individual is released, full Medicaid will be activated. If an individual is sentenced, coverage will be paused and resumed 90-days prior to release.

## Table 1: Short-Term Model: Schedule of Covered Activities

Activity	Intake	Week 1 of Covered Services							Week 2	Remaining Incarceration
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8–14	Thru Release
OHP screening	X (within 3 days of incarceration)									Once an individual is released, full benefits will be activated. If an individual is sentenced, coverage will be paused and resumed 90-days prior to release.
OHP enrollment	X (within 7 days of incarceration)									
Medications and Medication Administration	X (continuation)	Carceral facilities are responsible for initiating and continuing all medications as soon as a need is identified.								
Medications for SUD/MAT	X (continuation)	Carceral facilities are responsible for screening for SUD at intake and initiating MAT as soon as a need is identified. <i>Best practice: within 7 days.</i>								
Case Manager Assignment				X						
Complete Health Risk Assessment (HRA)									X	
Outreach to clinical provider or traditional health worker		Once a need is identified in during the Health Risk Assessment, appointments with clinical providers or traditional health workers must be scheduled within 5 days.								
Diagnostic services such as labs or radiology		Once a need is identified during the Health Risk Assessment, diagnostic services must be initiated within 5 days.								
Complete Reentry Care Plan (RCP)									X	
Case Management–Reentry Warm Handoff		Reentry warm handoff between pre- and post-release case manager can occur at any point before release, but must occur at least 14 days before release date, if known. For individuals with unknown release dates, the warm handoff meeting should occur as soon as the post-release case manager is identified and available to meet. Post-release case manager is responsible for outreach to carceral facility/pre-release case manager if warm handoff is not completed prior to release.								
Clinical Consultation–Reentry Professional-to-Professional Handoff		If an individual has reentry service package active for 14 days, meaning the reentry HRA is completed, and the need for a reentry professional-to-professional clinical handoff is identified, it should occur before release or within two business days after release. Community-based provider is responsible for outreach to carceral facility if not completed prior to release.								
Medications Upon Release		Must be provided to all individuals with an active Reentry benefit package who began a medication regimen while in custody.								

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## Table 2: Roles and Responsibilities

This table identifies the different responsibilities held by the carceral facility and the Open Card care coordination contractor during the pre-release period.

Oregon's Open Card contractor will be responsible for overseeing the delivery of services for individuals during the pre-release period and care coordination with their CCO (if applicable) through release.

Carceral facilities are required to facilitate access to care for individuals covered under the reentry benefit and ensure information sharing processes are in place to support effective care coordination.

## Summary of Responsibilities

### Open Card Contractor

- Oversee the delivery of services during the pre-release period.
- Coordinate care with the individual's CCO (Coordinated Care Organization), if applicable, through release.
  - *Some individuals may opt to remain in Open Card through incarceration and post-release (no CCO applicable).*
- Provide a care coordinator (or pre-release case manager if one is not provided) to ensure information is shared with the CCO and post-release case manager.

### Carceral Facilities:

- Facilitate access to care for individuals covered under the reentry benefit.
- Ensure services are delivered within the expected timeframe.
- Facilitate information sharing with the Open Card contractor when necessary.

## Table 2: Roles and Responsibilities

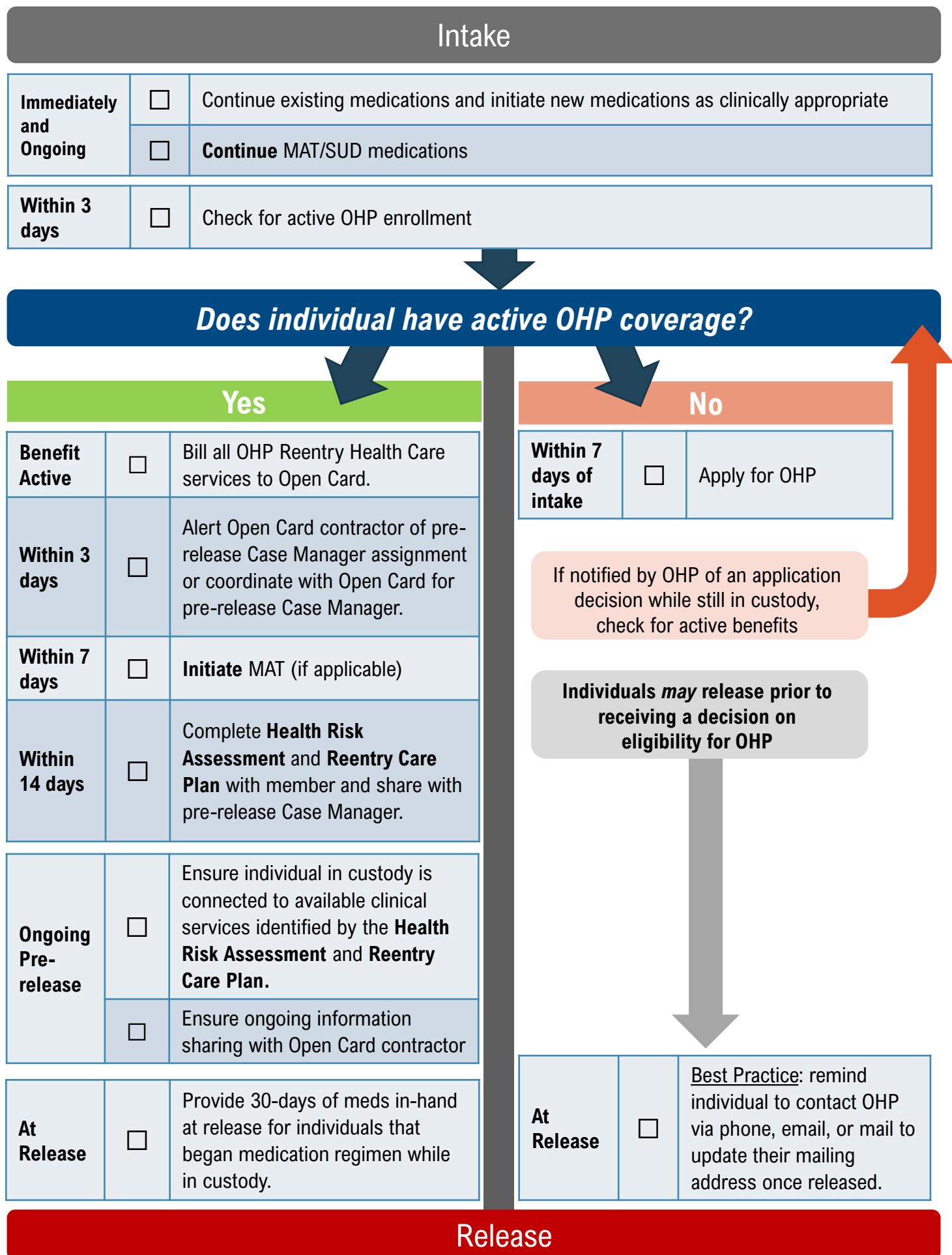
	Facility Responsibility	Open Card Contractor Responsibility
Individual does NOT have Active OHP benefits		
Immediately and Ongoing	Continue and initiate medications <b>Continue</b> MAT/SUD medications	N/A
Within 3 days	Check for active OHP	
Within 7 days	<b>If no OHP enrollment:</b> apply for OHP	
At Release	<u>Best Practice:</u> remind individual to contact OHP via phone, email, or mail to update their mailing address.	
Individual has Active OHP benefits		
<i>Note: individuals may release before their benefits are active or before they receive a response on their OHP application.</i>		
Benefit Active	Bill all OHP Reentry Health Care services to Open Card.	Process and troubleshoot any claims submitted for members in the pre-release period
Within 3 days	Notify Open Card contractor of pre-release Case Manager assignment or coordinate with Open Card contractor for pre-release Case Manager.	Document member's pre-release Case Manager assignment, consulting with member's CCO if applicable.
Within 7 days	<b>Initiate</b> MAT (if applicable)	
Within 14 days	Facilitate member connection to complete <b>Health Risk Assessment</b> and <b>Reentry Care Plan</b> and share with pre-release Case Manager.	Document <b>Health Risk Assessment</b> and <b>Reentry Care Plan</b> completed, consulting with member's CCO if applicable.
Ongoing after Health Risk Assessment and Reentry Care Plan completed	Ensure individual in custody is connected to available clinical services identified by the <b>Health Risk Assessment</b> and <b>Reentry Care Plan</b> within 5 days of identifying a need.	Ensure diagnostic services occur within 5 days of the identified need.
Pre-release		If individual is released prior to clinical services being delivered, coordinate warm-handoff to post-release Case Manager if different.
	Ensure ongoing information sharing with Open Card contractor.	<b>At least 14 days pre-release or ASAP:</b> Coordinate warm hand-off to post-release Case Manager <b>if different</b> .
		<b>Pre-release or within 2 business days of release:</b> coordinate clinician-to-clinician hand-off <b>if needed</b> .
At Release	Facilitate at least 30-days of medications in-hand at release (as clinically appropriate) for members that began a medication regimen while in custody. <ul style="list-style-type: none"><li><i>If individual did not receive medications at release call in to preferred pharmacy and hand-off communication to Open Card contractor.</i></li></ul>	<i>If 30-days of medications in-hand is unable to be coordinated by facility at the time of release: connect with facility, post-release Case Manager, and member, to continue to coordinate timely access to medications.</i>

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## Figure 1: Checklist and Flow Chart: Facility Responsibilities

This checklist is intended to help carceral facilities meet short-term model minimum requirements. Facilities can share this document with their in-house and in-reach providers. Items not identified here will be the responsibility of the Open Card contractor (see Table 2).

**Figure 1: Checklist and Flow Chart: Facility Responsibilities**



# Who to Contact

**For more information about the Reentry Healthcare Program:**

[OHP.CarceralPrograms@oha.oregon.gov](mailto:OHP.CarceralPrograms@oha.oregon.gov)

**Please reference the OHA webpage for more information:** [Reentry Health Care](#)

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