

Reentry Federal Consolidated Appropriations Act (FCAA) of 2023 Service Guidance Document

Version Date: 10.2.26



Contents

1.	Background	3
2.	State Plan Authority	4
3.	Reentry FCAA-Covered Youth	5
4.	Impacted Carceral Facilities	5
5.	Care Coordination	7
6.	Screening and Diagnostic Services: Definitions and Eligible Providers	7
7.	Targeted Case Management: Definition and Eligible Providers	9
8.	Medicaid and CHIP Reimbursement	11
9.	Medicaid Enrollment and Suspension Processes	12
10.	Reentry FCAA-Covered Population Specifics	13
11.	Reentry FCAA Reporting and Monitoring	14
12.	Documentation of Reentry FCAA Compliance	15
13.	Readiness Report Guidance	16
14.	Technical Assistance	16

1. Background

This document provides information to Coordinated Care Organizations (CCOs) and their implementation partners (e.g., carceral facilities, community-based providers) about new requirements under the [Federal Consolidated Appropriations Act \(CAA, 2023\) \(P.L. 117-328\)](#) (herein after FCAA), which was enacted on December 29, 2023 and went into effect January 1, 2025. This document also provides implementation guidance per the supplementary guidance issued by the Centers for Medicare & Medicaid Services (CMS) on July 23, 2024, [SHO# 24-004 RE: Provision of Medicaid and CHIP Services to Incarcerated Youth](#) and on December 19, 2024, [SHO#24-006: Provision of Medicaid and CHIP Services to Incarcerated Youth - FAQs](#).¹

Under Section 5121 of the FCAA, all states, including Oregon, must provide a targeted set of Medicaid-financed services to incarcerated youth who are post-adjudication in the periods immediately prior to and post-release. Reentry FCAA-Covered Youth are youth who are (1) enrolled in Medicaid or CHIP, (2) under 21 years of age or between the ages of 18 and 26 under the mandatory former foster care eligibility group; and (3) are held in a carceral facility.^{2,3}

Under Section 5121 of the FCAA, the Oregon Health Authority (OHA) is required to ensure the following FCAA services are provided to FCAA-Covered Youth:

- [Screening and diagnostic services](#) in the 30 days prior to release (or no later than one-week, or as soon as practicable, post-release)⁴; and
- [Targeted case management](#) in the 30 days prior to release and for 30 days post-release.⁵

The implementation of Section 5121 of the FCAA is herein after referred to as the Reentry FCAA. OHA has chosen to work with CCOs, impacted carceral facilities, and implementation partners (*see Table 1 for a list of carceral facilities that hold FCAA-Covered Youth*) to implement the Reentry FCAA service period, as defined by the following two phases.

- **Phase 1** (Post-release implementation) focused on Medicaid reimbursement of Reentry FCAA services in the post-release period, beginning on January 1, 2026. CCOs are responsible for ensuring screening and diagnostic services are provided as close to

¹ CMS is responsible for implementing laws passed by Congress related to Medicaid and CHIP. CMS issues regulations and sub-regulatory guidance to states that lay out minimum expectations, guardrails, and state options with operationalizing the statutory requirements.

² Per CMS guidance provided under the [24-004 State Health Official letter](#), “Adjudication is the court process that determines if an individual committed the act for which they are charged.” Only the Youth’s current adjudication charge is applicable to FCAA 5121.

³ For the purpose of providing Reentry FCAA services, carceral facility means all facilities where an eligible juvenile may be confined, including federal and state prisons, county or regional jails, tribal jails and prisons, juvenile detention, or state youth carceral facility.

⁴ Additional details are found in the later sections of this Guidance document and in [OAR 410-155-0010](#).

⁵ Additional details are found in the later sections of this Guidance document and in [OAR 410-155-0010](#).

release as practicable, as well as providing 30 days of targeted case management beginning the day of release to all Reentry FCAA-Covered Youth enrolled in their plans. CCOs are expected to conduct outreach to the carceral facility that held their member as well as any assigned pre-release case manager (as available) to support a warm handoff of relevant health and reentry information within 30 days of release. To support this process, prior to the covered youth's release, CCOs will receive a notification email from an ODHS eligibility worker. OHA will work with carceral facilities to document if Reentry FCAA services were provided in the pre-release period; however, Medicaid reimbursement will not be available during the pre-release period during this phase. OHA will provide additional guidance throughout 2026 to support data exchange processes and provision of Reentry FCAA services in the post-release period.

- **Phase 2** (Pre-release implementation) will begin 1/1/2027 and will include the implementation of pre-release eligibility and enrollment processes, provision of Medicaid payments for pre-release services, and data exchange processes to ensure warm handoffs can occur prior to release. During Phase 2, carceral facilities may go-live with Reentry FCAA requirements in cohorts once systems are in place to deliver and bill for services. In Phase 2 and beyond, the Reentry FCAA Service Period will encompass the up to 30-days pre-release and 30-days post release from a carceral facility for a Reentry FCAA Covered Youth.

OHA recognizes the importance of meeting the Reentry FCAA requirements, as justice-involved youth have generally experienced disproportionately higher rates of physical and behavioral health conditions, substance use disorder, trauma, and poverty.⁶ Historically, under the Medicaid inmate exclusion policy, states have been prohibited from using Medicaid dollars to pay for services during the incarceration period (i.e., Medicaid coverage is typically suspended during incarceration), thereby limiting access to essential health care services for this high-risk population. The Reentry FCAA modifies these policies and lifts the inmate exclusion for targeted services for a specific period of time prior to a Reentry FCAA-Covered Youth's expected date of release. OHA is committed to implementing these federal requirements and assisting justice-involved youth to successfully transition back into the community upon reentry with the health supports and services they need.

2. State Plan Authority

A. Section 5121 State Plan Amendment (SPA)

OHA will use the [CMS CAA 5121 State Plan Amendment Template](#) to attest that it has an operational plan and, in accordance with that operational plan, will phase in the provision of required services to FCAA-Covered Youth. OHA has attested to being "partially ready" in 2026 and is actively working to build processes to come into full compliance.

B. Targeted Case Management State Plan

⁶ CMS, [SHO# 24-004 "RE: Provision of Medicaid and CHIP Services to Incarcerated Youth," July 23, 2024.](#)

OHA has submitted a new Targeted Case Management State Plan Amendment to secure the necessary legal authority to provide such services to Reentry FCAA-Covered Youth for 30 days prior to release and 30 days post-release, consistent with the FCAA requirements.

3. Reentry FCAA-Covered Youth

Under the Reentry FCAA, Reentry FCAA-Covered Youth include those who are:

- Enrolled in Medicaid or CHIP;
- Under 21 years of age or between the ages of 18 and 26 under the mandatory former foster care eligibility group; and,
- Being held in a carceral facility post-adjudication (e.g., youth who are sentenced).
- Within 30 days prior to release from a carceral facility or within 30 days post-release from a carceral facility.

4. Impacted Carceral Facilities

All carceral facilities that house Reentry FCAA-Covered Youth are subject to Reentry FCAA, Section 5121 requirements. These include all the following facilities:

- Facilities that exclusively house youth, including Oregon Youth Authority (OYA) and juvenile detention centers; and
- Facilities with populations that include Reentry FCAA-Covered Youth (e.g., former foster care youth between ages 18 and 26), including, Department of Corrections (DOC), county or regional jails, tribal jails and prisons.
- CMS has stated that federal facilities will not participate in pre-release services; however, CMS expects OHA to ensure FCAA services are available to Reentry FCAA-Covered Youth in the post-release period.⁷

Table 1: Impacted Carceral Facilities

Facility Type	Number of Facilities	Facility Names
Oregon Youth Authority (OYA)	8	• Camp Florence Youth Correctional Facility • Camp RiverBend Youth Transition Facility • Camp Tillamook Youth Correctional Facility • Eastern Oregon Youth Correctional Facility • MacLaren Youth Correctional Facility • Oak Creek Youth Correctional Facility (includes Jackie Winters) • Rogue Valley Youth Correctional Facility • Tillamook Youth Correctional Facility

⁷ See Question 1 in the State Health Official Letter 24-006 Re: Provision of Medicaid and CHIP Services to Incarcerated Youth – FAQs, available here: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24006.pdf>

Facility Type	Number of Facilities	Facility Names
Juvenile Detention	11	• Deschutes County Juvenile Detention Center • Donald E Long Juvenile Detention • Douglas County Juvenile Detention Center • Jackson County Juvenile Detention Center • Josephine County Juvenile Detention Center • Klamath County Juvenile Detention Center • Lane County Juvenile Detention Center • Linn-Benton Juvenile Detention Center • Marion County Juvenile Detention Center • Northern Oregon Regional Correctional Facility (NORCOR) Juvenile Detention Complex • Yamhill County Juvenile Detention Center
DOC	13	• Coffee Creek Correctional Facility • Coffee Creek Intake Center • Columbia River Correctional Institution • Deer Ridge Correctional Institution • Eastern Oregon Correctional Institution • Oregon State Correctional Institution • Oregon State Penitentiary • Powder River Correctional Facility • Santiam Correctional Institution • Snake River Correctional Institution • South Fork Forest Camp • Two Rivers Correctional Institution • Warner Creek Correctional Facility
Local jails	30	• Baker County Jail • Benton County Jail • Clackamas County Jail • Clatsop County Jail • Columbia County Jail • Coos County Jail • Crook County Jail • Curry County Jail • Deschutes County Jail • Douglas County Jail • Grant County Jail • Harney County Corrections • Jackson County Jail • Jefferson County Jail • Josephine County Jail

Facility Type	Number of Facilities	Facility Names
		• Klamath County Jail • Lake County Jail • Lane County Jail • Lincoln County Jail • Linn County Jail • Malheur County Jail • Marion County Jail • Multnomah County Jail • Northern Oregon Regional Correctional Facility (NORCOR) Adult • Polk County Jail • Tillamook County Jail • Umatilla County Jail • Union County Correctional Facility • Washington County Jail • Yamhill County Jail
County transition centers	2	• Marion County Transition Center • Washington County Transition Center
Federal Prison	1	• Federal Correctional Institution, Sheridan

5. Care Coordination

Outreach to Reentry FCAA-Covered Youth

CCOs must conduct outreach to Reentry FCAA-Covered Youth to facilitate the delivery of Reentry FCAA Services. Outreach efforts must comply with at minimum the following:

- Making and documenting a minimum of two attempts to contact the member to facilitate the delivery of Reentry FCAA Services during the Reentry FCAA Service Period using two mixed modalities (e.g. digital, paper, or verbal) on different days and different times.
- Outreach during the Pre-Release Period includes contacting via phone or email the carceral facility Reentry FCAA Point of Contact listed in the Reentry FCAA Contact Directory maintained and posted by OHA.

As a best practice, OHA encourages CCOs to reach out to the Reentry FCAA-Covered Youth in the Post-Release Period to facilitate the delivery of Reentry FCAA Services if they are unable to make contact during the Pre-Release Period.

6. Screening and Diagnostic Services: Definitions and Eligible Providers

A. Definitions of Screening and Diagnostic Services

CCOs must ensure the following screening and diagnostic services are provided for Reentry FCAA-Covered Youth in the Pre-Release Period, or no later than one week, or as soon as practicable, after the youth’s release from a carceral facility:

Table 2: Screening and Diagnostic Service Definitions

Screening		Diagnostics
Medicaid and CHIP Youth Under the Age of 21	As outlined in OAR 410-151-0004; Periodic EPSDT screening exams shall be provided in accordance with the Bright Futures Periodicity Schedule and must include: (a) A comprehensive health and developmental history including assessment of both behavioral health and physical health development; (b) Assessment of nutritional status; (c) Comprehensive unclothed physical exam including inspection of teeth and gums; (d) Appropriate immunizations; (e) Lead testing as required by OAR 410-151-0040; (f) Other appropriate laboratory tests (including but not limited to anemia test and sickle cell test) based on age and EPSDT Beneficiary risk; (g) Health education including anticipatory guidance; and (h) Appropriate hearing and vision screening.	When a screening service indicates the need for further evaluation and when such diagnostic services are otherwise medically necessary and appropriate.
Youth Ages 21 and Over	Screening services should be provided in accordance with the U.S. Preventive Services Task Force (USPSTF) grade A and B Recommendations. USPSTF grade C and I recommendations should be considered for their relevance for individual Reentry FCAA-Covered Youth, taking into account the totality of their health, health risks, and healthcare utilization over their lifetime. All screening services must be medically	When a screening service indicates the need for further evaluation and when such diagnostic services are otherwise medically necessary and appropriate.

	necessary and appropriate and to determine the existence or progression of an illness or health condition.	
--	--	--

Screening and diagnostic service requirements for youth under 21 are detailed further in the [Early Periodic Screening, Diagnosis and Treatment \(EPSDT\) Provider Guide](#). Screening recommendations for youth ages 21 and over should align with the [U.S. Preventive Services Task Force recommendations](#).

B. Eligible Providers for Screening and Diagnostic Services

Eligible providers must be enrolled in Medicaid, credentialed through the Member's CCO in accordance with [OAR 410-141-3510](#) and able to provide screening and diagnostic services within the scope of their practice.

7. Targeted Case Management: Definition and Eligible Providers

A. Definition of Reentry Targeted Case Management Services

Reentry Targeted Case Management as defined in [OAR 410-138-0000](#) must be provided during the Reentry FCAA Service Period by a Medicaid-enrolled Reentry Targeted Case Manager. CCOs must ensure the following Reentry Targeted Case Management services are available for Reentry FCAA-Covered Youth⁸:

- Completion of the **Reentry Health Risk Assessment (Reentry HRA)** with the Reentry FCAA-Covered Youth within thirty days of the Youth's release from a carceral facility. In order to complete the Reentry HRA, the Reentry Targeted Case Manager must complete at least one in-person or telehealth encounter/assessment with the Reentry FCAA-Covered Youth.
 - For the Reentry HRA, CCOs must use an OHA approved HRA that meets requirements in [OAR 410-141-3865](#)(2)(a) using the evaluation checklist OHA provided. The evaluation checklist will address the requirements specific to the Reentry population, as outlined in [OAR 410-155-0010](#)(6)(c)(A)(iii). The date and method of completion must also be captured and documented, per [OAR 410-155-0010](#).
 - The Reentry Targeted Case Manager is responsible for all Reentry HRA documentation, including the documentation of elements described in [OAR 410-155-0010](#)(6)(A).
 - If the Reentry FCAA-Covered Youth declines to participate in the development of the Reentry HRA but is still willing to accept other targeted case management services, they are still entitled to Reentry FCAA Services, as medically appropriate. If the Reentry FCAA-Covered Youth declines to participate, the CCO must document:

⁸ In addition to the FCAA requirements outlined in this document, CCOs must satisfy all other care coordination requirements stated in the CCO Contract and defined in OAR 410-141-3870.

- The Reentry Targeted Case Manager made efforts to have one or more meetings with the Reentry FCAA-Covered Youth, including identifying the specific attempts and barriers to having the meetings; and; or
 - The Reentry FCAA-Covered Youth's reasons for not participating, to the maximum extent feasible.
 - As a best practice, OHA encourages Reentry Targeted Case Managers to reach out to the Reentry FCAA-Covered Youth in the Post-Release Period to facilitate the delivery of Reentry FCAA Services if they are unable to make contact during the Pre-Release Period.
- Completion of the **Reentry Care Plan (RCP)**, a person-centered care plan.
 - Per [OAR 410-155-0010](#), the Reentry Care Plan must:
 - Include all Care Plan requirements outlined in [OAR 410-141-3870](#).
 - Specify the goals and actions needed to address the medical, mental, substance use, housing and other HRSN, functional needs, and strengths and support needs of the Reentry FCAA-Covered Youth, such as developing safe decision-making skills or building relationships.
 - Include referral and related activities such as scheduling appointments for the Reentry FCAA-Covered Youth and working with the Youth (or the Reentry FCAA-Covered Youth's authorized health care decision-maker) and others to develop those goals.
 - Identify a course of action to respond to the goals and proposed actions of the Reentry FCAA-Covered Youth.
 - CCOs must complete an RCP regardless of the Reentry FCAA-Covered Youth's Risk Stratification Level.
 - CCOs may use their own care plan template if it meets the RCP requirements established in [OAR 410-155-0010](#).
 - If the Reentry FCAA-Covered Youth declines to participate in the development of the RCP but is still willing to accept other targeted case management services, they are still entitled to Reentry FCAA Services, as medically appropriate. If the Reentry FCAA-Covered Youth declines to participate, the CCO must document:
 - That the Reentry Targeted Case Manager made efforts to have one or more meetings with the Reentry FCAA-Covered Youth, including identifying the specific attempts and barriers to having the meetings; and
 - The Reentry FCAA-Covered Youth's reasons for not participating, to the maximum extent feasible.
 - As a best practice, OHA encourages Reentry Targeted Case Managers to reach out the Reentry FCAA-Covered Youth in the Post-Release Period to facilitate the delivery of Reentry FCAA Services if they are unable to make contact during the Pre-Release Period.
- If the Reentry FCAA-Covered Youth received Reentry TCM services and was assigned a Reentry Targeted Case Manager in the Pre-Release Period, a **Reentry Warm Handoff** must be completed within thirty (30) days of the Youth's release from a carceral facility when

the Case Managers are different. In situations where Reentry Warm Handoffs are possible, OHA expects the CCO to:

- Reach out to the carceral facility and request relevant health information; and
- Conduct the Reentry Warm Handoff meeting to review the HRA and RCP materials, either in-person or via telehealth, with the Reentry FCAA-Covered Youth and the Reentry Targeted Case Manager for the Pre-Release period, unless the Reentry FCAA-Covered Youth refuses to participate.
- As a best practice, OHA encourages Reentry Targeted Case Managers to reach out the Reentry FCAA-Covered Youth in the Post-Release Period to facilitate the Reentry Warm Handoff if they are unable to make contact during the Pre-Release Period.
- In situations where Reentry Warm Handoffs are not possible, OHA expects the CCO to document reason(s) why this process was infeasible.
- As a best practice, OHA encourages CCOs to make best efforts to request relevant health information to inform completion of the Reentry HRA and RCP obligations even in situations where the Reentry Warm Handoff is infeasible. See [OAR 410-155-0000](#) and [OAR 410-155-0010](#) for more information.

B. Eligible Providers for Reentry Targeted Case Management for the Post-Release Period

CCOs are responsible for assigning a Reentry FCAA-Covered Youth a Reentry Targeted Case Manager for the Post-Release Period. CCOs must contract all qualified providers to furnish Reentry FCAA Targeted Case Management services; contracted providers will be paid for services by the CCO. Qualified providers must be enrolled in Medicaid, credentialed through the Member's CCO per [OAR 410-141-3510](#), and meet the Targeted Case Management provider qualifications as outlined in [OAR 410-138-0060](#).

8. Medicaid and CHIP Reimbursement

Care Coordination and Capitation:

To support activation of benefits for service provision for Reentry FCAA eligible members, OHP will be activated up to 30 days pre-release, members will be enrolled in CCOs, and full capitation will be paid initially. However, OHA will retroactively recoup capitation for the entirety of the member's pre-release period following their release. The administrative portion of the post-release CCO capitation rates are built to account for internal staffing and case management infrastructure necessary to support increased care coordination and member services pre-release. This sequence of activities allows advance notice of the FCAA member to the CCO, increases operational efficiency, and improves continuity of care for the member.

Service Reimbursement in the pre-release period:

Effective January 1, 2027, reimbursement is available for Reentry FCAA services including Screening and Diagnostics and Targeted Case Management provided in the pre-release period. All claims in the Pre-Release Period must be billed to OHA as FFS by entering Place of Service code 09 - Carceral Facility on the claim. OHA will publish Billing Guidance for providers of Reentry FCAA Services.

Service Reimbursement in the post-release period:

- Screening and Diagnostic Services: Effective on January 1, 2026, CCOs must ensure coverage of screening and diagnostic services, as clinically required.
- Targeted Case Management: Effective on January 1, 2026, CCOs must ensure coverage of targeted case management for 30-days post release.

Targeted Case Management Enhanced Rates and Limitations:

- **Enhanced Rate**: Targeted Case Management for Reentry FCAA-Covered populations is available for reimbursement at an enhanced rate. Please reference the [Reentry FCAA Targeted Case Management Billing Tip Sheet](#) for guidance on what code pairings to use to achieve the enhanced rate. Please note, this enhanced rate is only available during the Reentry FCAA Service Period and OHA will monitor claims to ensure none are submitted for services rendered outside of the eligible window.
- **Limitations**:
 - CCO Employee: CCO Employees can provide TCM services so long as they meet the Reentry TCM provider qualifications, but they cannot bill directly for TCM services. The administrative portion of the CCO capitation rates account for internal staffing and case management infrastructure necessary to support care coordination and member services.
 - OHA payment to CCOs for Reentry FCAA Services is defined in OAR 410-155-0000(5): “OHA payment to MCEs for FCAA Reentry Services as defined in OAR 410-155-0000(5) and in the CCO Reentry Guidance Document is included in the Global Budget.”
 - Non-CCO Employee: Non-CCO employee Reentry TCM providers can provide and bill directly for Reentry TCM services. Providers must be contracted in-network providers that meet Reentry TCM qualifications outlined in [OAR 410-138-0060](#).

9. Medicaid Enrollment and Suspension Processes

Identifying FCAA Members and Activating OHP

- Activities to identify and activate Reentry FCAA-eligible member’s OHP will occur in advance of a potential Reentry FCAA-eligible individual’s release to support activation of OHP benefits 30-days pre-release.
- These activities will be completed by ODHS eligibility staff and carceral facility staff.
- There is no role of the CCO in identifying Reentry FCAA-eligible members or activating OHP benefits.

Reentry FCAA Member Notification Email

- CCOs will learn of a Reentry FCAA-eligible member enrolled in their plan via a Reentry FCAA Member Notification Email sent by ODHS eligibility staff.
 - CCOs are asked to contact ohp.carceralprograms@oha.oregon.gov to verify or update the emails this notification email is sent to at their organization.
- This Reentry FCAA Member Notification email will contain the following information about the member to facilitate care coordination:

“Hello,

Please be advised that the following OHP member is releasing from incarceration and qualifies as eligible under the Federal Consolidated Appropriations Act (FCAA) 2023 Sec. 5121 for Reentry FCAA Services.

Member Information:

- Name:
- DOB:
- Prime/OHP ID:
- Carceral Facility Member is Releasing from:
- Pre-release case manager: (If known)
- Incarceration Release Date:
- CCO enrollment date:
- Member Phone (from application):
- Member Email (from application):”
- CCOs will also be able to reference the member listed in the Reentry FCAA Member Notification Email on their 834 enrollment files for any additional information including member address.
- CCOs are expected to have internal procedures to assign a case manager for TCM service provision and outreach to the Reentry FCAA-Covered Youth when the Reentry FCAA Member Notification Email is received.

General Expectations of CCOs to Support Ongoing Implementation Efforts

CCOs are expected to identify staff to attend and participate in ongoing Reentry Workgroup meetings to discuss barriers, limitations, and successes for continuous program improvement.

10. Reentry FCAA-Covered Population Specifics

Clarification: Reentry FCAA Population Overlap with YSHCN

- Reentry FCAA-Covered Youth may also be eligible for the Young Adults with Special Health Care Needs (YSHCN) OHP program. Both programs include similar age groups in their eligibility criteria.

- Reentry FCAA-Covered Youth who are also eligible for YSHCN would be eligible for any additional services specific to YSHCN post-release as part of the member's base OHP benefit. Please reference the [YSHCN Website](#) for additional information and provider guides.
 - As of January 1, 2026 the YSHCN population includes young adults ages 19-21.
 - CCOs should know who their YSHCN population includes. For questions about the YSHCN program, please visit the [YSHCN website](#) or contact the YSHCN program at 1115waiver.renewal@odhsoha.oregon.gov.

Policy for Aging Out of Reentry FCAA Eligibility

In rare cases, individuals may be in a situation where (a) they are 20 years old and their birthdate falls during the Reentry FCAA-Covered period or (b) they are 25 years old, aged out of foster care, and their birthdate falls during the Reentry FCAA-Covered period. To ensure all situations are handled uniformly, eligibility staff will evaluate the age of the potentially eligible individual as of the Reentry FCAA-Covered period **start date**; 30 days prior to the release date. If the individual meets the age-specific eligibility criteria as of 30 days prior to release, then the eligibility staff continue evaluation for Reentry FCAA-eligibility. If the individual does not meet the age-specific eligibility criteria as of 30 days prior to release the individual is considered not Reentry FCAA-eligible.

- Example: Individual is currently 25 and they are set to release from incarceration on March 1 and meet all other FCAA eligibility criteria. The Reentry FCAA Covered period start date is 30 days prior to release on Jan. 30.
 - Scenario 1: Individual's birthdate is Feb. 20
 - As of Jan. 30, the individual would still be 25 and eligible for Reentry FCAA because they meet all other Reentry FCAA-criteria.
 - Result: eligibility staff will process eligibility for Reentry FCAA and set the individual's OHP benefits to start 30 days prior to Jan. 30.
 - Scenario 2: Individual's birthdate is Jan. 1
 - As of Jan. 30, the individual would be 26 and not eligible for Reentry FCAA because they do not meet the age criteria for Reentry FCAA eligibility.
 - Result: eligibility staff will follow standard OHP eligibility processing and set benefits to start on the release date.

11. Reentry FCAA Reporting and Monitoring

OHA will require CCOs to gather and report information from providers and members to document the appropriateness and timeliness of Reentry FCAA services, as specified in 2027 Medicaid CCO Contract). To minimize administrative burden, OHA has incorporated Reentry FCAA-related data elements into existing deliverables and claims where possible. For additional required data elements OHA has developed a Survey Tool in partnership with CCOs and Quality Assurance that will be reported separately from other deliverables for the expected small Reentry FCAA population.

Reentry FCAA Survey Tool:

For 2026 data, OHA will monitor service provision for Reentry FCAA members using existing claims data and request CCOs complete an optional survey tool bi-annually that will be pre-filled and made available by [OHA via the Contract Deliverables Portal](#).

Effective for 2027 data, the same survey tool template will be used but will be a required deliverable as specified in the 2027 Medicaid CCO Contract, Ex. B, Part 2, Sec. 18, Para. b.

The [Reentry FCAA Survey Tool](#) will be due 90 days following the end of the 6-month data period bi-annually. For a CCO to have received a Reentry FCAA-Covered Youth within the specified data period they must have (a) received notification of a Reentry FCAA-Covered Youth and (b) the youth's release date must also have occurred within that period.

The timeframes for collecting the optional tool are as follows:

Table 2: Reentry FCAA Survey Tool Timeframes

Type	Data Periods	Date Pre-filled Template Available in Contract Deliverables Portal	Due Date
Optional	1/1/26 – 6/30/26	9/16/26	10/26/26
Optional	7/1/26 – 12/31/26	2/15/27	3/31/27
Required	1/1/27 – 6/30/27	7/30/27	9/28/27
Required	7/1/27 – 12/31/27	2/15/28	3/31/28
Required	1/1/28 – 6/30/28	7/30/28	9/28/28

12. Documentation of Reentry FCAA Participation

OHA is maintaining documentation of carceral facility participation status to support service provision during the Reentry FCAA Service Period including sharing incarceration and release information with OHA and providing relevant health information to CCOs and providers.

OHA will keep on record detailed explanations of carceral facility reasons for opting out of Reentry FCAA participation (e.g., unable to enroll in Medicaid; limitations in physical location capability; lack of health care staff, facility refusal to allow community-based provider presence or telehealth; short stays in the carceral facility; or low Medicaid census). This will be available to CMS upon their request, as required in the state's 5121 Attestation SPA and the State Health Official Letter 24-006.⁹

⁹ Centers for Medicare & Medicaid Services, [SHO# 24-006 "RE: Provision of Medicaid and CHIP Services to Incarcerated Youth - FAQs," December 19, 2024.](#)

13. Readiness Report Guidance

- Per 2026 CCO Contract, Contractor shall complete a Reentry Readiness Plan prior to January 1, 2027, detailing how it will meet forthcoming OHA requirements for pre-release reentry health care services), (e.g., pre-release care coordination). CCOs shall use the Reentry Readiness Plan Template provided by OHA to document their readiness to provide pre-release reentry health care services. The template will be posted on 11/2/26 and will be due 1/31/27.
- At this time, the Reentry Readiness Plan will include the following items with the understanding that there may be additional adjustments to this list:
 - List or attach a copy of the internal procedure your CCO has developed for the Reentry FCAA population. Procedures must include the following key activities:
 - Receiving and triaging incoming Reentry FCAA Member Notification Emails from ODHS eligibility staff.
 - Assigning a Reentry Targeted Case Manager.
 - Informing the Case Manager of the member's Reentry FCAA eligibility and the Reentry FCAA-required activities including the warm hand-off, HRA, and RCP.
 - Informing the Reentry Targeted Case Manager of the enhanced Reentry TCM rate, code pairings to include on claims, and Reentry FCAA TCM eligible window.
 - Contacting the case manager for pre-release (if available) and the member as soon as possible after receiving the Reentry FCAA Member Email Notification prior to release.
 - Requesting relevant member health information from the carceral facility.
 - Documenting completion of the Reentry HRA and RCP and including a mechanism to document if the HRA and RCP were completed pre-release.
 - List the county carceral facilities opting into Reentry FCAA Services in your CCO service area that your CCO has been able to contact regarding Reentry FCAA members.
 - List or attach any health information data sharing agreements your CCO has established with carceral facilities.
- OHA will review the CCO's Reentry Readiness Plan and provide CCO with written notice of either (i) its approval, or (ii) evaluation results with findings requiring resolution.

14. Technical Assistance

If you have questions about the information in this guidance document, please contact [OHP Carceral Programs](#).

Please also visit the [OHA Reentry Health Services website](#) for a list of resources and calendar of upcoming webinars.