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Part 1: High-Level Description of Possible Significant Change

The table below provides high-level information about the possible significant change, as submitted.

Tracking #	2027-911
Q3. Provide a short name for possible change	Re-Entry Benefit - remove requirements for CCOs to provide pre-release reentry health services (pre-release care coordination)
Responsible OHA unit/s & SME/s	Medicaid: Jessi Wilson & Rhiannon Henry
From 1/27/2026 OHA memo to CCOs	***Partially addressable*** OHA cannot remove the federal requirement for CCOs to provide pre-release reentry health services to eligible individuals. However, OHA will use the restatement process to clarify its responsibility for identifying participating carceral facilities and relaying that information to CCOs. OHA will also use the process for implementation planning and identifying content for the guidance document.
Q6. Which CCO Contract(s) will be impacted?	(c) Medicaid Contract
Q4. High-level description of possible change	Carceral facilities are not mandated or incentivized to coordinate with CCOs. Creating a requirement for CCOs to in-reach into these facilities without OHA's investment in developing systems with these facilities will only result in increased administrative burden with limited benefit to members, including all CCOs developing BAAs or info sharing with all carceral facilities in Oregon.
Q2. Which prioritized restatement category applies?	(d) Non-discretionary Federal and State Changes
Explain how change fits into "Non-Discretionary Federal & State Changes" category	Related to FCAC re-entry benefit
Q7. Could entire change be deferred to later contract year?	No
Consequence(s) if not included in 2027 contract	This is a benefit proposed to be implemented in future years.
Q8. Could change be reduced to smaller components so it's phased in over multiple contract years?	No
Which component(s) could be in later contract year(s)?	
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Part 2: Information for Engagement

This should be completed by the responsible OHA unit. **Be specific yet clear and concise in your responses; use bullet points.**

Tracking #	2027-911
Short name	Re-Entry Benefit - remove requirements for CCOs to provide pre-release reentry health services (pre-release care coordination)

1. What knowledge and/or skills should CCOs consider when deciding which staff to work with OHA on this issue?

It would be beneficial to have CCO staff that have experience working with the justice involved population (juvenile & adult) and/or have experience working collaboratively with local carceral facilities. Ideally CCO staff would also have experience working with target populations such as behavioral health, LTSS and HCBS.

2. Is there an existing meeting where OHA and CCOs can work – or are already working – on this issue? If so, identify the meeting and its schedule.

This work may require regular OHA-CCO engagement over a few weeks, possibly up to a couple months. If there is not a suitable existing forum, then OHA will hold a dedicated work session/s specifically for this purpose.

The reentry team currently holds bi-weekly ninety (90) minute Reentry CCO/Acentra Workgroups via Teams. The purpose of the workgroup is to provide CCOs reentry program updates, work through material developed and solicit feedback from the CCOs. All CCOs are invited to the workgroup.