Ohio Department of Medicaid

Reentry 1115 Demonstration Waiver

Contents

SECTION I: PROGRAM DESCRIPTION DEMONSTRATION OVERVIEW

In 2025, the Ohio General Assembly enacted House Bill 96 (HB96), which included Ohio Revised Code (ORC) section 5166.50 requiring the Ohio Department of Medicaid to "apply for a Medicaid waiver component to provide reentry services to Medicaid-eligible imprisoned individuals for ninety days before an imprisoned individual's expected release date." The Ohio Department of Medicaid (ODM, referred to herein as "the State" or "Ohio") is seeking Social Security Act Section 1115 demonstration waiver authority to implement this important section of HB 96.

In October 2018, Congress passed the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (the "SUPPORT Act") in response to the imperative to implement concrete changes to address the opioid epidemic. Per the SUPPORT Act, Congress required the Department of Health and Human Services (DHHS) to convene a stakeholder group to develop best practices for ensuring continuity of coverage and relevant social services for individuals who are incarcerated and transitioning to the community. The legislation also directed DHHS to work with states to develop innovative strategies to help such individuals enroll in Medicaid and to, within a year of enactment, issue a State Medicaid Director (SMD) letter regarding opportunities to design section 1115 Demonstration projects to improve care transitions to the community for incarcerated individuals who are eligible for Medicaid. On April 17, 2023, CMS published a SMD letter[1] outlining the opportunities to test transition-related strategies to support community reentry and improve care transitions for individuals who are incarcerated.

National data has shown that the justice involved population contains a disproportionate number of people with behavioral health (BH) conditions i.e., substance use disorders (SUDs) and mental health disorders, as well as HIV and other chronic diseases. Nationally, an estimated 80% of individuals released from prison in the United States each year have an SUD or chronic medical or psychiatric condition.[2] In 2011–2012, half of people in state and federal prison and local jails reported ever having a chronic condition.[3] 21% of people in prisons and 14% of people in jail reported ever having an infectious disease, including tuberculosis, hepatitis B and C, and other sexually transmitted diseases, compared with 4.8% of the general population.[4] In the first two weeks following release from incarceration, individuals are 129 times more likely to die from an overdose than their peers in the community, and they often have higher rates of cardiac conditions, diabetes, Hepatitis C, mood, and anxiety disorders as well as severe and persistent mental illness.[5]

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[1] https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf

[2] Shira Shavit et al., "Transitions Clinic Network: Challenges and Lessons in Primary Care for People Released from Prison," Health Affairs 36, no. 6 (June 2017): 1006–15

[3] L. Maruschak, M. Bersofsky, and J. Unangst. Medical Problems of State and Federal Prisoners and Jail Inmates. Bureau of Justice Statistics Special Report (NCJ 248491), U.S. Department of Justice, February 2015

[4] *Ibid*

[5] Binswanger IA, Stern MF, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, Koepsell TD. Release from prison--a

In addition, according to the Bureau of Justice Statistics, 53% of all state prisoners and 45% of all federal prisoners meet the Diagnostic and Statistical Manual of Mental Disorders, Fourth Revision, criteria for drug dependence.[6] Estimates for the jail population indicate that 47% have issues with alcohol use and 53% suffer from drug dependency or abuse.[7]

The justice involved population also suffers from mental and behavioral health issues. According to the Bureau of Justice Statistics, in 2005, 56% of people in state prison, 45% of people in federal prison, and 64% of people in jail reported symptoms of a mental health disorder.[8]

Ohio's correctional facilities landscape

There are 28 adult prison facilities in Ohio (23 state-owned and three privately-owned, one reception center, and one medical facility) operated by the Ohio Department of Rehabilitation and Correction (ODRC). Ohio also has 18 community-based correctional facilities and 144 jail facilities (including 86 full-service, 45 twelve-day, nine twelve-hour, and four minimum-security jails). The Ohio Department of Youth Services (ODYS) operates three correctional facilities for youth twelve years and older. In addition, Ohio has ten community correctional facilities (CCFs) and 35 juvenile detention centers (JDCs). The focus of this 1115 waiver application is a subset of the community based correctional facilities (CBCFs).

For this waiver application, Ohio has initially selected four CBCFs. Factors underlying the selection of sites related to facility size, existing community integration, and defined sentences of the residents. This demonstration is designed to be a pilot program and thus is narrowly focused on the four CBCFs. Based on implementation and outcomes of the program, Ohio may subsequently seek an amendment to expand the program to additional CBCFs and possibly county jails.

CBCFs are secure residential prison diversion programs which are funded by ODRC's Bureau of Community Sanctions. These facilities provide comprehensive programming for individuals on felony supervision who are referred by Courts of Common Pleas or sanctioned by the Parole Board as a result of violating post-release control or parole. CBCFs are highly structured and are designed to reduce criminal behavior and divert eligible individuals

high risk of death for former inmates. N Engl J Med. 2007 Jan 11;356(2):157-65. doi: 10.1056/NEJMsa064115. Erratum in: N Engl J Med. 2007 Feb 1;356(5):536. PMID: 17215533; PMCID: PMC2836121.

[6] Mumola, C. and Karberg, J. Drug Use and Dependence, State and Federal Prisoners, 2004. Bureau of Justice Statistics Special Report (NCJ213530), U.S. Department of Justice, October 2006

[7] Karberg, K. C., James, D. J. Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002. Bureau of Justice Statistics Special Report (NCJ 209588), U.S. Department of Justice, July 2005.

[8] James, D. and Glaze, L. Mental Health Problems of Prison and Jail Inmates. Bureau of Justice Statistics Special Report (NCJ 213600), U.S. Department of Justice, September 2006. Available at: http://www.bjs.gov/index.cfm?ty_pbdetail&iid_789

convicted of a felony from the state prison system.[9] In some circumstances, they may also be a "step down" for individuals previously incarcerated by ODRC or ODYS. They provide a wide range of services such as case management, cognitive behavioral therapy, drug and alcohol treatment, job placement, educational programs, and success planning. CBCFs strive to instill pro-social values and skills in the individuals they serve to promote success within the community upon release. CBCFs are governed by a facility governing board and advised by a judicial advisory board.[10]

CBCFs, authorized under Sections 2301.51 - .56 and 2929.221(D) of the Revised Code, are state and local cooperative ventures, with full state funding of CBCF construction and operational cost. Counties operate the facilities through judicial corrections boards. CBCFs are programs to divert prison-bound felons into residential treatment who are screened for placement prior to transport to prison.

Offenders who are sentenced to a CBCF can be sentenced to the facility for a maximum of 180 days. All offenders are required to be screened by CBCF admissions staff to determine eligibility and placement and must be sentenced to the facility by their assigned judge. CBCF residents are placed on community/post-release control prior to arrival at the facility. Successful completion of the program then becomes a condition of their probation/parole. The CBCF program is designed to last four to six months and consists of progressive phases for the duration of the placement.

Upon entry into the program, residents are assessed for substance abuse, education, employment, cognitive skills, and other needs. As appropriate, they will begin alcohol and/or drug treatment, GED studies, employment classes, and various life skills classes such as health, anger management, parenting, and financial literacy.

During the initial 30-day placement, residents are not permitted to leave the facilities and do not have what CMS describes as "freedom of movement". After the initial 30 days, qualified individuals gain "freedom of movement" and are permitted to leave the facility for pre-approved activities such as job searching and doctor visits with prior approval from the referral source. At this point the resident will also have "freedom of association" and "freedom of providers" and will be enrolled in full Medicaid. The precise timeline for an individual to experience this status transition depends on the specific facility and their individual circumstances. This status transition is the same as inmates who transition from a prison to a halfway house. All outside activities are verified by CBCF staff. Residents continue substance abuse treatment, cognitive skills, and GED classes, as appropriate. The CBCF program gives residents an opportunity to remain in their community while addressing such

[9] As the primary purpose of the CBCFs is not to engage in providing mental healthcare services, they do not qualify as an "Institution for mental diseases" under 42 CFR 435.1010.

[10] https://dam.assets.ohio.gov/image/upload/drc.ohio.gov/Forms/SysServ_cbcf_programprofiles%202019%20-%20Copy.pdf

issues as substance abuse treatment, job training and placement assistance, educational services, cognitive skills, anger management and other life skills, and a required completion of community service. While a resident of the CBCF, offenders are able to establish local contacts in the community of a positive nature, which are beneficial upon their successful completion of the program and reentry into the community.

By law, residents of a CBCF are primarily responsible for the cost of medical services; however, absent the ability of a resident to pay for needed services, some CBCFs provide for coverage of the services. This application proposes covering the 30 days the residents retain the status as an "inmate" under the waiver while they transition to a non-inmate status. The waiver will cover the limited services of behavioral health services (i.e., mental health services, SUD treatment-related services, and MAT), case management, and a 30-day supply of all prescription medications. This will greatly support the primary mission of this class of facilities to support a successful transition to and reintegration back into the community. The state would provide full Medicaid coverage for any qualifying resident once the individual obtains freedom of movement.

Profiles of the participating facilities are attached as appendix A. An Excel template detailing budget neutrality expenditures is attached as appendix B. Ohio will negotiate with CMS regarding the level of reinvestment as required by the CMS guidance.

DEMONSTRATION PURPOSE AND GOALS

The 1115 Demonstration waiver application is submitted to comply with the legislative intent of the statute enacted by the Ohio General Assembly.[11] The 1115 Demonstration waiver includes provision of the following services:

(1) Behavioral health services (i.e., mental health services, SUD treatment-related services, and MAT)

(2) Case management; and

(3) 30-day supply of all prescription medications.

The 30-day supply of prescription medication will be provided at the time of the individual's release from the CBCF and will include medication administered by injection. However, as the individuals will be covered by the full Medicaid benefit at this point in time, the cost of these medications is not included as part of the budget neutrality estimates and does not require

[11] The specific services required by HB 96 include: (1) Mental health services; (2) Behavioral health services; (3) Substance use disorder treatment and related services; and (4) A thirty-day supply of prescription medication at the time of release, including medication administered by injection. The services listed in HB 96 and the required 1115 Reentry Waiver services outlined by CMS have been aligned for the purpose of the waiver application.

waiver authority. Medications to support behavioral health services, including SUD treatment, that are provided during the initial 30-day period will be subject to waiver authority and included in the budget neutrality estimate.

The intent of these services is to reduce recidivism and improve health outcomes and achieve the following goals:

(1) Increase coverage, continuity of coverage, and appropriate service uptake through assessment of eligibility and availability of coverage for benefits in carceral settings just prior to release;

(2) Improve access to services prior to release and improve transitions and continuity of care into the community upon release and during reentry;

(3) Improve coordination and communication between correctional systems, Medicaid systems, managed care plans, and community-based providers;

(4) Increase additional investments in healthcare and related services, aimed at improving the quality of care for beneficiaries in carceral settings and in the community to maximize successful reentry post-release;

(5) Improve connections between carceral settings and community services upon release to address physical health, behavioral health, and health-related social needs (HRSN);

(6) Reduce all-cause deaths in the near-term post-release;

(7) Reduce number of ED visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral healthcare;

The State believes uninterrupted health coverage is imperative to ensure this high-risk, high-need population receives much-needed care as individuals transition back to their communities. If approved, this specific Demonstration will allow the State to leverage existing eligibility processes and more seamlessly transition incarcerated individuals to the appropriate Medicaid program during the carceral stay at participating CBCFs. CBCFs facilitate many reentry activities, depending on individual eligibility and needs, to aid in the release and successful reentry of incarcerated persons into their communities. This waiver request seeks to supplement and add to, but not supplant, these services and activities. As the proposed demonstration waiver is limited to providing reentry services, the state is not seeking any other changes to the Medicaid program. The state does not anticipate that the proposed demonstration will affect any other features of the Medicaid program.

DEMONSTRATION HYPOTHESIS AND EVALUATION

Consistent with SMDL #23-003, the purpose of this Proposed Reentry Demonstration waiver is to advance the goals of the Medicaid statute and provide coverage for certain Medicaid services to individuals who are soon-to-be released from incarceration. *Table 1* details the goals of the program, as well as preliminary hypotheses, measurements, and data sources, which have been developed to be consistent with CMS guidance for evaluation of 1115 demonstrations. A final, detailed evaluation methodology will be submitted following approval of the Proposed Reentry Demonstration via the revised evaluation design.

To track progress toward program goals, the State has identified the following areas for its research and evaluation efforts. The table below presents a preliminary plan for how the State will evaluate its efforts, with possible future adjustments and subject to CMS approval.

Goal 1

Improve access to services by increasing coverage, continuity of coverage, and appropriate service uptake for eligible incarcerated adults.

Methodology	Data Sources and Metrics
Hypothesis 1: The program will improve uptake and continuity of MAT services and other physical and behavioral health treatment, thereby reducing decompensation, overdose, and overdose- related death	
Track and compare health service utilization between pre- and post-levels for members of the 1115 demonstration waiver	Claims data: Primary Care Encounters
Track and compare employed status of members in educational or job training programs	Wage data from Ohio Benefits; Third-party data
Track and compare status of members in SUD programs	Claims and encounter data: SUD treatment
Hypothesis 2: Coverage and support services provided through the waiver will improve identification and treatment of certain chronic and other serious conditions and reduce acute care utilization in the period soon after release.	
Track and compare chronic disease management compliance rates for pre-and post-1115 demonstration waiver members	Claims data: Chronic disease management code
Hypothesis 3: Reentry program allows for infrastructure enhancements to overcome barriers impeding information exchange between correctional and community- based physical and behavioral health services.	

Track changes in the frequency, volume, and types of information exchanged between correctional facilities and community-based organizations during the post-release period.	Correctional data. Claims and encounter data.

DEMONSTRATION AREA

The reentry waiver program will operate in the following counties at the following CBCFs.

Judge Nancy R. McDonnell Community Based Correctional Facility: This facility covers Cuyahoga County. In CY 2025 this facility served 395 residents with an average length of stay of 95 days. Of this population, 244 were between the ages of 18 and 39, 117 were between the ages 40 and 55, and 24 were 56 and older. Services offered by this facility include residential chemical dependency treatment, medical services, and mental health services.

Franklin County CBCF: This facility covers Franklin County. In CY 2025 this facility served 461 residents with an average length of stay of 117 days. Of this population, 299 were between the ages of 18 and 39, 131 were between ages 40 and 55, and 31 were 56 and older. Services offered by this facility include alcohol and drug treatment, sexual healthcare, and medical care.

Eastern Ohio Correctional Center: This facility covers Belmont, Columbiana, Carroll, Guernsey, Harrison, Jefferson, Monroe, Noble, and Tuscarawas Counties. In CY 2025 they served 278 residents with an average length of stay of 190 days. Of this population, 174 were between the ages of 18 and 39, 86 were between ages 40 and 55, and 18 were 56 and older. Services offered by this facility include mental health services, Narcotic Anonymous/Alcoholic Anonymous, and health and wellness services.

Stark Regional Community Correction Center: This facility covers Stark, Holmes, Tuscarawas, and Wayne Counties. In CY 2025 this facility served 441 residents with an average length of stay of 124 days. Of this population, 280 were between the ages of 18 and 39, 132 were between the ages 40 and 55, and 29 were 56 and older. Services offered by this facility include treatment readiness, intensive chemical dependency treatment, and health and mental health services.

DEMONSTRATION TIMEFRAME

The 1115 Demonstration waiver is requested for a five-year approval period from October 1, 2027, to September 30, 2032.

DEMONSTRATION IMPACT TO MEDICAID AND CHIP

The proposed waiver request will support Ohio's overall effort to address the health of

people transitioning from CBCFs into the community. This request will not affect or modify other aspects of Ohio's Medicaid program.

SECTION II: DEMONSTRATION ELIGIBILITY

Individuals eligible to participate in the Reentry Demonstration include adults and youth who are in the custody of one of the participating CBCFs and are enrolled in Medicaid can be determined eligible for Medicaid as part of intake at the facility.

ENROLLMENT LIMITS AND EXCLUSIONS

The Proposed Reentry Demonstration will not include any enrollment limits.

PROJECTED ELIGIBILITY AND ENROLLMENT

Ohio anticipates the number of people receiving services under this waiver will remain constant throughout the demonstration.

Demonstration Year	Projected Enrollment (in Member Months)
DY1	3,098
DY2	3,098
DY3	3,098
DY4	3,098
DY5	3,098

CHANGES IN ELIGIBILITY PROCEDURES

Ohio is not requesting changes in eligibility procedures or standards.

SECTION III: DEMONSTRATION BENEFITS

Benefits provided under the 1115 Demonstration waiver will be limited to

(1) Behavioral health services (i.e., mental health services, SUD treatment-related services, and MAT)

(2) Case management;

(3) 30-day supply of all prescription medications.

Additionally, the cost sharing requirements will not differ from those provided under the Medicaid state plan.

SECTION IV: DELIVERY SYSTEM AND PAYMENT FOR SERVICES

The eligibility under this 1115 Demonstration waiver will not require any changes to the existing Ohio Medicaid delivery system. Services will be provided through the current managed care system.

SECTION V: IMPLEMENTATION OF DEMONSTRATION

Ohio's target date for implementing the 1115 Demonstration waiver is October 1, 2027. ODM will prepare for this implementation with additional staff and stakeholder training and communications to existing beneficiaries.

ODM is engaging in planning activities to support reentry service implementation. ODM is also engaging external stakeholders in the development of the Section 1115 application through public hearings, webinars, public comment, and other community forums. As planning and implementation begins ODM will continue to engage with multiple internal and external stakeholders throughout the waiver negotiation period to ensure a fluid implementation of this Demonstration.

ODM will leverage qualified professionals and/or case managers to notify and enroll individuals into the waiver. The qualified professionals or case managers will assess individuals' Medicaid enrollment status at the time of incarceration and, where necessary, support the individual through the application process. During the pre-release period, Medicaid eligible individuals will receive the option to enroll into the waiver benefit. Individuals opting-in to the waiver benefit will have their Medicaid coverage updated to authorize access to waiver covered benefits, as previously described.

The waiver benefit will be implemented as a managed care benefit. ODM will utilize both correctional facility-based providers within the incarceration facilities and Medicaid enrolled community-based providers.

The care plan should be shared with all providers involved in the care of the individual using their managed care organization (MCO) and primary care provider, to the extent permitted under all applicable state and federal laws. The sharing of this information is intended to ensure continuity of care.

SECTION VI: DEMONSTRATION FINANCING AND BUDGET

BUDGET NEUTRALITY PROJECTIONS

The budget neutrality projections for the 1115 Waiver have been developed with the expectation that expenditures associated with the waiver population will be treated as 'hypothetical' for the purpose of budget neutrality. ODM understands CMS has historically utilized two potential methodologies for evaluating budget neutrality once the demonstration has commenced:

1. Per Capita Method: Assessment of the per member per month (PMPM) cost of the Demonstration, and;
2. Aggregate Method: Assessment of total expenditures, based on both the number of members and PMPM cost of the Demonstration.

ODM prepared these budget neutrality projections for the 1115 Waiver assuming CMS will evaluate budget neutrality using the *Per Capita Method*. The budget neutrality projections were developed using CMS budget neutrality requirements as outlined in the State Medicaid Director letter dated August 22, 2024.[12]

The rest of this narrative documents the supporting data and methodology included in the worksheets using guidance provided by CMS.

I. Budget Neutrality Projections

A. MEG Definitions

This waiver will be applicable for one Medicaid eligibility group (MEG) which ODM refers to as the Reentry Population. The Reentry Population consists of members within their first 30 days of residence in one of four CBCFs: Judge Nancy R. McDonnell Community Based Correctional Facility; Franklin County CBCF; Eastern Ohio Correctional Center; and Stark Regional Community Correction Center.

B. Historic Data

ODM reviewed healthcare utilization and expenditure information provided by the four CBCFs for the services expected to be covered by the waiver. In addition, ODM reviewed data pertaining to the number of inmates and average length of stay (ALOS) of each CBCF. The data provided was largely attributable to the calendar year (CY) 2025 period, with some elements derived from older or more recent time periods.

Utilization and expenditure data provided by the CBCFs was often limited and varied materially by CBCF. ODM met with each CBCF individually and as a group to ensure understanding of the data that was provided such that it could be used to the best extent possible to inform budget neutrality projections.

[12] https://www.medicaid.gov/federal-policy-guidance/downloads/smd24003.pdf

c. DY 00 Development

Key time periods in the workbook are included below:

- Year Preceding the Demonstration: October 2026 – September 2027 (DY 00)
- Demonstration Period: October 2027 – September 2032 (DY 01 – DY 05)

The sections below outline the methodology utilized to develop the DY 00 estimates that are used as the starting point for projections attributable to the demonstration period.

i. Eligible Member Months

WOW

ODM utilized information provided related to the number of total inmates served and average length of inmate stays for each CBCF in CY 2025. ODM used this data to estimate the average number of daily CBCF admissions and in turn, the estimated number of inmate member months in CY 2025 for which the member was within their first 30 days at the CBCF at any point during the month. Figure 1 below illustrates this calculation by CBCF.

Given limitations for the number of inmates each CBCF can serve, DY 00 member months were set equal to the estimated CY 2025 equivalent member months.

WW

Given the hypothetical budget neutrality methodology, WW member months were set equal to WOW

FIGURE 1 – ESTIMATED CY 2025 MEMBER MONTHS: FIRST 30 DAYS

	(A)	(B)	(C) = (A) / 365.25	(D) = 30 / (B)	(E) = (C) * (30.4375+(30.4375-1))	(F) = (E) * 12
MEG	**INMATES SERVED**	**ALOS**	**AVERAGE ADMISSIONS PER DAY**	**PERCENTAGE OF DAYS ATTRIBUTABLE TO MEMBERS IN THEIR FIRST 30 DAYS**	**UNIQUE MEMBERS WHO ARE IN THEIR FIRST 30-DAY WINDOW AT ANY TIME DUING THE MONTH**	**MEMBER MONTHS**
Reentry Population	1,575	116	4.31	25.8%	258	3,098

ii. PMPM Cost

WOW

ODM reviewed expenditures provided by each CBCF for all inmates in CY 2025. Expenditures were limited to the reentry waiver covered services, which includes Medication-Assisted Treatment (MAT), behavioral heath (BH) case management, mental health (MH) clinical services, substance use disorder (SUD) clinical services, and mental health (MH) / SUD prescription drugs. To estimate the portion of reported expenditures that were attributable to inmates within their first 30 days at a CBCF, ODM used reported inmate days and ALOS information by CBCF to allocate total reported expenditures to the first 30 days of inmate stays. ODM selected a DY 00 PMPM cost assumption of $450.38 based on a review of the individual CBCF reported expenditures, member months (as described in the prior section), and consideration of variation of data quality and reported experience among CBCFs.

WW

Given the hypothetical budget neutrality methodology, WW PMPM cost was set equal to WOW.

D. DY 01-05 Development

i. Eligible Member Months

WOW

Given limitations of the capacity of each CBCF, ODM assumed an annualized enrollment trend of 0.0%.

WW

WW DY 01-05 enrollment was set equal to WOW.

ii. PMPM Cost

For WOW and WW, PMPM cost was assumed to increase at an annual rate of 5.5%, consistent with ODM's expectations of the President's Budget trend.

E. Disproportionate Share Hospital (DSH) Expenditure Offset

Not applicable.

F. Summary of Budget Neutrality

Appendix A includes the 1115 Waiver budget neutrality workbook. It includes the following applicable worksheets:

- WOW
- WW
- Summary

Figure 2 below contains a comparison of the member months, PMPM cost, and total expenditures for DY 00 through DY 05, under the WOW and WW scenarios.

FIGURE 2 – COMPARISON OF WOW AND WW PROJECTIONS: DY 00 – DY 05

	DY 00	DY 01	DY 02	DY 03	DY 04	DY 05
WOW						
Member Months	3,098	3,098	3,098	3,098	3,098	3,098
PMPM Cost	$ 450.38	$ 475.16	$ 501.29	$ 528.86	$ 557.95	$ 588.63
Expenditures	$ 1,395,405	$ 1,472,152	$ 1,553,120	$ 1,638,542	$ 1,728,662	$ 1,823,738
WW						
Member Months	3,098	3,098	3,098	3,098	3,098	3,098
PMPM Cost	$ 450.38	$ 475.16	$ 501.29	$ 528.86	$ 557.95	$ 588.63
Expenditures	$ 1,395,405	$ 1,472,152	$ 1,553,120	$ 1,638,542	$ 1,728,662	$ 1,823,738
DIFFERENCE						
Member Months	-	-	-	-	-	-
PMPM Cost	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Expenditures	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

G. Additional Information to Demonstrate Budget Neutrality

ODM does not believe there is any other information necessary for CMS to complete its analysis of the budget neutrality submission.

SECTION VII: LIST OF PROPOSED WAIVERS AND EXPENDITURE AUTHORITIES

Waiver Authority Use for Authority

Statewideness: *Section 1902(a)(1)* To enable the state to provide pre-release services, as described in this application, to qualifying beneficiaries on a geographically limited basis.

Freedom of Choice: *Section 1902(a)(23)(A)* To enable the state to require qualifying beneficiaries to receive pre-release services, as described in this application, through only certain providers.

Amount, Duration, and Scope of Services: *Section 1902(a)(10)(B)* To enable the state to provide only a limited set of pre-release services, as described in this application, to qualifying

Comparability: *Section 1902(a)(17)* beneficiaries that is different than the services available to all other beneficiaries outside of carceral settings in the same eligibility groups authorized under the state plan or the Demonstration.

Coverage of Certain Screening, Diagnostic, and Targeted Case Management Services for Eligible Juveniles in the 30 Days Prior to Release: *Section 1902(a)(84)(D)*

To enable the state not to provide coverage of the screening, diagnostic, and targeted case management services identified in section 1902(a)(84)(D) of the Act for eligible juveniles described in section 1902(nn)(2) of the Act as a state plan benefit in the 30 days prior to the release of such eligible juveniles from a public institution, to the extent and for the period that the state instead provides such coverage to such eligible juveniles under the approved expenditure authorities under this demonstration. The state will provide coverage to eligible juveniles described in section 1902(nn)(2) in alignment with section 1902(a)(84)(D) of the Act at a level equal to or greater than would be required under the state plan.

SECTION VIII: PUBLIC COMMENT PERIOD

The public comment period initiates July 1, 2026. Upon conclusion of the 30-day public comment period, this section will contain a summary of the comments received.

APPENDIX A: PARTICIPATING FACILITY PROFILES

Cuyahoga County

Judge Nancy R. McDonnell Community Based Correctional Facility (Male Facility)
3540 Croton Ave. Cleveland, OH 44115-3212
Phone: (216) 698-3100
Fax: (216) 361-1915
Opened: February 2011
Total Beds: 215
County Served: Cuyahoga

Accreditation/Certification

- American Correctional Association (ACA)
- Ohio Department of Mental Health and Addiction Services (OMHAS)-Outpatient Chemical Dependency Treatment Certified

Intake and Screening

Screening eligibility and admission criteria are established by the Facility Governing Board. Referrals are adult male felony offenders referred by the sentencing Courts of Common Pleas.

Services

- **Residential Chemical Dependency Treatment**
  Six-week group sessions that require active participation in disease concept education, sober support planning, triggers, defenses, and aftercare planning. Clients develop a relapse prevention plan.
- **Cognitive Skills**
  A thirteen-week program that provides the tools needed to change problem-causing thinking patterns. The course teaches offenders how to solve problems responsibly and consider all possible consequences of their actions. Offenders participate in exercises that motivate them to think in new ways and use various media tools to further identify cognitive thinking errors in everyday life.
- **Adult Basic Education**
  State-certified teachers assess individual offender skill levels and develop an Individual Education Plan that provides Basic Literacy Instruction, GED Preparation, College Tutoring, Financial Aid Seminars, Educational Field Trips, and a computer lab with educational software for all learning levels. The Education Department refers offenders to outside programming such as Literacy Tutoring and Adult Basic Literacy Education. An in-house library is accessible to all offenders to promote reading.
- **Family Orientation**
  Orientation is provided to families of offenders to encourage family support and participation in CBCF programming. Families are given information needed to become an integral part of an offender's success during and after release from the program.
- **Family Matters**

The Family Matters Education Program is facilitated by professional chemical dependency treatment counselors. Sessions are designed to break the cycle of chemical dependency through increased knowledge and implementation of healthy living skills.

- **Employment**
  Employment class topics include skills identification, phoning skills, how to complete a job application, proper appearance for job searching, job resources, interview techniques, resume writing, review of program job search rules, mock job interviews, and use of public transportation. Offenders are required to provide documentation of productive job searching and are given a reasonable amount of time to secure employment. The Employment Department works with area employers who are willing to consider CBCF offenders for employment.
- **Community Service**
  Each client is required to complete 20 hours of community service upon entering the program. Offenders work with Court Community Services and complete various community activities such as community cleanups, community festivals, planting flowers, and marching in parades.
- **Medical**
  Offenders are given a preliminary health assessment, health appraisal, and a health care planning session upon intake. Medical staff also conducts sexually transmitted disease prevention classes. The goal of the medical staff is to be an integral part of helping offenders develop a healthy lifestyle by providing quality medical care and advice or by referring them to community clinics and dental centers that provide needed services.
- **Recreation**
  Indoor activities include fitness equipment, indoor sports, board games, and television viewing. Outdoor activities include basketball and volleyball.
- **Aftercare**
  Aftercare includes up to two weekly reinforcement sessions that promote sobriety skills through videos and homework assignments. Offenders are required to complete a recovery plan prior to discharge, which includes meetings, sponsorships, and contracts needed for recovery.
- **Mental Health**
  The Cuyahoga County ADAMHS Board provides two full-time mental health clinical staff. Also provided are two qualified mental health professionals who conduct mental health screenings, provide linkage services, and conduct Trauma and Medication Compliance groups for mentally ill clients at the facility.

Franklin

Franklin County CBCF
1745 Alum Creek Drive
Columbus, Ohio 43207
Phone: (614) 462-4600
Fax: (614) 462-4606
Opened: October 1993
Total Beds: 215
County Served: Franklin

Accreditations

- American Correctional Association (ACA)
- Prison Rape Elimination Act (PREA)

Purpose Statement

The purpose of the Franklin County CBCF is to provide, as a sentencing option for selected offenders, a controlled and regimented environment that is motivational, safe, and affirming of the dignity of self and others. The facility promotes the value of work and self-discipline and develops useful skills and abilities through an individualized but group-oriented program.

The FCCBCF program is designed to motivate residents, meet their individual needs, and assist them in gradual and successful community reentry while maintaining security and public safety throughout the CBCF sentence.

Intake and Screening

All residents are sentenced to the FCCBCF by Franklin County Common Pleas judges and are felony-level offenders who are eligible to be sentenced to prison. The FCCBCF is a prison diversion program that provides effective education and treatment services to residents. Defendants are screened using the Ohio Risk Assessment System (ORAS) tool and are provided appropriate services based on their ORAS score and individual needs.

Services

- **Responsible Adult Culture**
  All residents who enter the FCCBCF are enrolled in a Responsible Adult Culture (RAC) Group within the first 30 days after arriving at the facility. RAC is an integrated program comprised of a series of interventions, including base and individualized elements sequenced throughout a resident's sentence and aftercare.
    - In addition to motivation, the program is designed to provide residents with information, skills, and concepts concerning their behaviors, beliefs, and thinking patterns. It facilitates processing of information and redirects residents toward responsible adult thinking and behavior. "Responsible" in

this context is defined as trustworthy and committed to doing what is legally, morally, and socially correct.
    - Residents are taught Anger Management, Social Decision Making, and Social Interaction Skills during "Equipment Meetings," which are held three times per week for 75 minutes per session. Residents are also given the opportunity to practice these skills in structured "Mutual Help Meetings," where they address individual problems and current life issues. These meetings are also held three times per week for 75 minutes per session.
    - Each resident is assigned to a multidisciplinary Staff Team responsible for the effective delivery of the RAC program and the resident's progression through the program. The Staff Team uses an individualized treatment plan called a Responsible Adult Performance Plan (RAPP). RAPPs target each resident's criminogenic needs and are modified as necessary throughout the resident's stay. Residents are seen at minimum every 30 days by their Staff Team. Successful completion of the FCCBCF RAC program occurs when residents meet the requirements set by their Staff Team and RAPP.
- **Alcohol and Drug Treatment**
  Residents with various addictions are required to attend approximately 30 sessions of the University of Cincinnati's Cognitive Behavioral Intervention for Substance Abuse class, each session lasting 75 minutes. In this class, residents learn to identify and regulate emotions, identify and manage triggers, practice thought switching, and confront urge surfing. Stages of change and relapse prevention are also discussed. Each resident must complete a Relapse Prevention Plan to successfully complete the class.
- **GED**
  Residents who do not possess a high school diploma or GED are enrolled in GED classes and are afforded the opportunity to obtain their GED while in the program. FCCBCF has three levels of GED classes: GED I, GED II, and GED III. Approximately 100 residents earn their GED each year while participating in the FCCBCF program.
- **Family Involvement**
  FCCBCF believes residents' families are extremely important in their reintegration into the community. The facility hosts monthly structured family events where approved family members may visit and spend quality time with their children and other loved ones. Examples include movie nights, bingo, and holiday activities such as Easter egg decorating and holiday cookie making.
- Residents may also be approved to participate in "Family Table Time" when weather permits and may bring a meal to enjoy with the resident outside on facility property. Family Table Time is restricted to approved visitors on the resident's visitation list.
- **Resident Employment Center**
  This center is primarily maintained by residents with staff oversight. Residents have access to a computer, the internet, a fax machine, and a printer. The center includes a resource library and resident employment center coordinators who assist other

residents with creating resumes, cover letters, and applications.

- **Sexual Health**
  Each FCCBCF resident may be tested for sexually transmitted infections shortly after arrival at the facility. If test results are positive, the resident can speak to a counselor immediately and be linked with follow-up care. Residents also participate in a class that provides education about safe sex and sexual health.
- **Gradual Community Reintegration**
  The targeted length of stay for Franklin County residents is 134 days. During the first 0–30 days, residents are not permitted to leave the facility unless cuffed and shackled, and only in the case of an emergency. Between 31–60 days, residents may leave the facility only with supervisor approval and only if absolutely necessary.
    - After 61 days, residents may begin attending 12-step meetings in the community with Staff Team approval. Residents may then be given the opportunity to complete a 40-hour community service requirement, followed by the job-seeking/job placement phase of the program.
    - Residents are also linked with appropriate community resources after approximately 90 days in the program. These linkages may include anger management, substance abuse, domestic violence, mental/medical health, job readiness, parenting, and other individualized needs. Residents continue attending RAC groups until as close to release as possible.

Columbiana

Eastern Ohio Correction Center (Male Facility)
470 State Route 43 P.O. Box 2400 Wintersville, Ohio 43953
Phone: (740) 765-4324
Fax: (740) 765-4533
Opened: May 1990
Total Beds: 81

Eastern Ohio Correction Center (Female Facility)
227 N. Market Street Lisbon, Ohio 44432
Phone: (330) 420-0288
Fax: (330) 420-0041
Opened: May 2000
Total Beds: 32

Counties Served: Belmont, Carroll, Columbiana, Guernsey, Harrison, Jefferson, Monroe and Noble

Accreditation / Certification

- American Correctional Association (ACA)
- Prison Rape Elimination Act (PREA)

Intake and Screening
Screening eligibility and admission criteria are established by the Judicial Corrections Board. Referrals are adult male and female felony offenders referred by the sentencing Courts of Common Pleas.

Services

- **Orientation Group**
  Provides an introduction to the facility rules and regulations, and expectations for successful completion of the Eastern Ohio Correction Center program and guidelines.
- **Intensive Relapse Prevention**
  Eighty hours of intensive programming covering warning sign identification, management, and the development of an ongoing recovery plan. (Females)
- **Women's Intensive Substance Abuse Program (WISA**)
  A grant-funded program for women offenders with high risk and need for substance abuse education, relapse prevention, employment assistance, and identification of social services agencies to reduce recidivism upon release. (Females)
- **Thinking for a Change (T4C)**
  Thinking for a Change is an integrated approach to changing offender behavior, developed by Barry Glick, Jack Bush, and Juliana Taymans in cooperation with the National Institute of Corrections (NIC). The program uses a combination of approaches to increase an offender's awareness of self and others by integrating cognitive restructuring, social skills, and problem solving.
    - The program begins by teaching offenders an introspective process for examining their ways of thinking and their feelings, beliefs, and attitudes. The process is reinforced throughout the program. Social-skills training is provided as an alternative to antisocial behaviors, and the program culminates by integrating the skills offenders have learned into problem-solving steps. Problem solving becomes the central approach offenders learn to help them work through difficult situations without engaging in criminal behavior.
- **Sex Offender Education Program (SOEP)**
  The goal of the SOEP is to enable offenders to admit their offense of record and accept some level of responsibility for their actions by the time they are released. This program is primarily based on the Ross and Loss psycho-educational curriculum for sex offenders. Material has been integrated from training provided by leading researchers and practitioners in the field.
    - The approach is a didactic presentation in a group setting and utilizes lectures, handouts, classroom notes, and homework assignments. Objectives include increasing awareness about sexual assault, recognizing the impact of sexual assault on the victim, identifying common motivations for sexual assault, understanding cognitive distortions in the offending cycle, and relapse prevention. (Males)

- **Adult Basic Education**
  State-certified teachers assess individual offender skills and develop an individualized education plan that provides basic literacy instruction and GED preparation. Educational and computer learning lab classes are conducted five days per week with morning, afternoon, and evening sessions. Volunteer tutors and peer tutoring options are also utilized.
- **Continuing Education**
  College and technical school attendance and some in-house continuing education courses are offered through this program.
- **Self-Help Library**
  The Eastern Ohio Correction Center maintains an extensive collection of self-help books for offenders to read and gain insight into a variety of subjects. Selections include books on controlling anger, relapse prevention, child development, starting a business, relationships, grief, recovery, marriage, nutrition, and time management.
- **Mental Health Services**
  Offenders are referred to local community mental health agencies for emergency mental health evaluations, ongoing counseling, and medication management.
- **NA/AA**
  Weekly in-house Narcotics Anonymous, Alcoholics Anonymous, and 12-step support groups meet with offenders and are facilitated by outside volunteers.
- **Parenting**
  This program teaches positive parenting skills. Participants view videos that address child behavior and misbehavior and the consequences of actions. Discussion groups and homework assignments cover topics such as developing good listening skills, helping children become responsible and cooperative, and building strong family relationships.
- **Zero Tolerance**
  Ten weekly sessions provide an educational framework to challenge the beliefs and behavior of men who batter women. Group members report each week on progress made or any relapse in violent or aggressive behavior. The group uses discussion, role-playing, and videos to support in-depth study of violence and non-violence in relationships, controlling violent tendencies, the consequences of emotional abuse, intimidation, accountability, and male privilege.
- **Family Issues**
  Five weeks of discussion groups focus on family issues and dynamics. The first phase covers improving family communication, dysfunction, and developing skills to better process feelings. The second phase is designed to help offenders develop skills to use upon release and create a realistic understanding of the challenges of leaving treatment and returning home.
- **Victim's Impact**
  Six two-hour sessions explore the depersonalization of victims by offenders, the long-term impact of victimization, and accountability for crimes committed by offenders.

- **Employment and Life Skills**
  Sixteen hours of employment topics cover resume preparation, completing job applications, proper appearance, interviewing skills, and job acquisition and retention tips for offenders. All participants prepare for a videotaped mock interview so they can review and improve performance before the actual interview.
- **Commitment to Change**
  A cognitive behavioral program offered to high-risk offenders. Residents work on identifying thinking errors and the tactics used to support criminal thinking. This interactive program helps offenders focus on the benefits of changing their thinking in order to change their behavior.
- **Lifestyles**
  This group helps residents develop an understanding of healthy, crime-free values and encourages the development of more productive lifestyles.
- **Health and Wellness**
  Residents work on improving their health status.
- **Anger Management**
  This group develops techniques offenders can use to deal appropriately with anger and explosive behavior. Topics include understanding anger, styles of expressing anger, forgiveness, strategies for dealing with anger, and reconciliation.
- **Community Service**
  The Eastern Ohio Correction Center provides nearly 13,000 hours of community service activity for offenders each year through contacts with local community agencies and individuals.
- **Work Release**
  Eligible offenders may become employed while in the program to help pay court and medical costs, fines, restitution, and maintain levels of personal income.

Stark

Stark Regional Community Correction Center (Male & Female)
4433 Lesh Street Louisville, Ohio 44641
Phone: (330) 588-2500
Fax: (330) 588-2505
Date Opened: June 1992
Total Beds: 124
Counties Served: Holmes, Stark, Tuscarawas and Wayne

Accreditations/Certifications

- American Correctional Association (ACA)
- Ohio Department of Mental Health and Addiction Services (OMHAS) - Outpatient Chemical Dependency Treatment Certified
- Prison Rape Elimination Act (PREA)

Intake and Screening
Screening eligibility and admission criteria are established by the Facility Governing Board and pursuant to Ohio Revised Code. Referrals are adult male and female felony offenders referred by the sentencing Courts of Common Pleas.

Orientation Group
Offered to all offenders in the Orientation Phase, this group ensures an understanding of the rules, regulations, and expectations of SRCCC residency. It prepares offenders for maximum input into the development of their individualized treatment plan through instruction in goal setting, decision making, and problem solving. The group also reviews sanctions and rewards available to offenders and provides an introduction to cognitive behavioral programming.

Team Approach
Each offender is assigned to one of five teams depending on risk level and other responsivity measures. Each team consists of five staff members, including the offender's designated case manager. Each offender is also assigned to a team coach who helps manage the individualized treatment program. With input from the offender, the team makes decisions on treatment issues and progression through the program.

Treatment Readiness
This component examines the stages of change and determines the mindset of each offender and their ability to benefit from the program. It helps prepare offenders to become more receptive to the treatment process.

Intensive Chemical Dependency Treatment
Offenders assessed in need of treatment attend a cognitive behavioral-based program beginning with group treatment sessions held four times a week for six weeks. Offenders may then begin continued care by attending individual counseling sessions, Advanced Skills, Relapse Prevention, and Bridging the Gap, a program designed to help offenders connect with resources in their home community that support sobriety and recovery. Offenders also attend support meetings in the community.

Relapse Prevention
A cognitive behavioral-based course designed to assist offenders with continued needs and reduce the risk of reoffending.

Thinking for a Change (T4C)
Thinking for a Change is an integrated approach to changing offender behavior developed by Barry Glick, Jack Bush, and Juliana Taymans in cooperation with the National Institute of Corrections (NIC). The program uses a combination of approaches to increase an offender's awareness of self and others by integrating cognitive restructuring, social skills, and problem solving.

The program begins by teaching offenders an introspective process for examining their thinking, feelings, beliefs, and attitudes. Social-skills training is provided as an alternative to antisocial behavior, and the program culminates by integrating these skills into problem-solving steps that help offenders work through difficult situations without engaging in criminal behavior.

Victim Awareness

An interactive, cognitive behavioral-based course that provides offenders with information to expand their awareness of the impact criminal activity has on victims. The course consists of 13 sessions.

Education

A comprehensive educational program based on Adult Learning Theory that is personalized to each offender's needs and interests based on standardized testing administered upon admission. Post-testing is administered prior to discharge to assess progress.

Literacy

Offenders determined to be illiterate or functionally illiterate participate in literacy education.

Adult Basic and Literacy Education (ABLE)

Offenders lacking a secondary education are enrolled in ABLE. Those without a secondary education or GED are encouraged to work toward and take the GED.

Post-Secondary Education

For offenders interested in and eligible for university or technical college education, normal enrollment through the selected school is arranged.

In-House Probation

Probation specialists assist offenders with enforcement of probation conditions, maintenance of No Contact and Civil Protection Orders, approval of all visitors, resolution of outstanding court obligations, and liaison services to other courts and probation departments.

Community Justice

In addition to any court-ordered community service, offenders complete community service work at appropriate sites following a restorative justice model. Offenders complete service related to their specific offense or criminogenic factors. Those not court-ordered to complete community service work complete a minimum of 40 hours.

Health

A gender-specific health class has been developed in accordance with ACA guidelines.

Mental Health
Offenders with special needs are provided individual counseling and may participate in a substance-abusing mentally ill (SAMI) treatment group. Offenders are also referred to community agencies for services such as med-somatic treatment, counseling, psychiatric interventions, medications, and related support.

Job Readiness Class
Offenders learn the basic principles and soft skills necessary to improve employability. They are also oriented to community vocational assistance resources such as Work Force Initiative Association, Ohio Bureau of Employment Services, Urban League, and others. Offenders may also participate in the Transitional Education Program (TEP).

Job Seeking Activities
Offenders are given guidance, leads, and transportation to obtain employment as needed and available.

Job Placement
Career Resource staff assists offenders with job development, interview scheduling, and assistance in registering for vocational training programs.

Budgeting and Money Management
Offenders are assisted with establishing a budget in accordance with their assets and financial requirements. Offenders pay a percentage of net earnings toward court-ordered obligations, establish a savings account in preparation for post-program living arrangements, and contribute to family bills as needed.

Cognitive Skills
A six-session cognitive behavioral-based course designed to ease offenders' return to their home communities by focusing on reintegration and relapse prevention. The group is interactive and addresses concerns about release, probation responsibilities, and the need to uphold court expectations and commitments.

Anger Management
Cognitive behavioral-based group sessions that examine the etiology of anger and provide offenders with techniques to manage emotion effectively.

Advanced Skills
A review of specific techniques and skills relevant to changing thinking and behavior. These cognitive behavioral courses are offered for Chemical Dependency and Thinking for a Change.

Families in Transition
Families of offenders are invited to attend a session with the offender to receive information

about what to expect during the transition from SRCCC into the community. Topics include family support, community resources, probation compliance, and continued care.

APPENDIX B: BUDGET PROJECTIONS

Budget Neutrality Summary

Without-Waiver Total Expenditures

MEG	DY 01	DY 02	DY 03	DY 04	DY 05	Total
Reentry Population	$1,472,152	$1,553,120	$1,638,542	$1,728,662	$1,823,738	$8,216,214
TOTAL	$1,472,152	$1,553,120	$1,638,542	$1,728,662	$1,823,738	$8,216,214

With-Waiver Total Expenditures

MEG	DY 01	DY 02	DY 03	DY 04	DY 05	Total
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TOTAL	$1,472,152	$1,553,120	$1,638,542	$1,728,662	$1,823,738	$8,216,214

Variance

	DY 01	DY 02	DY 03	DY 04	DY 05	Total
MEG	$ -	$ -	$ -	$ -	$ -	$ -