November 13, 2026

The Honorable Robert F. Kennedy
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Re: Ohio Reentry Services Demonstration

Dear Secretary Kennedy:

Thank you for the opportunity to submit comments on the Ohio Reentry Services Demonstration.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions, including many individuals who rely on Medicaid coverage. Three in four adults enrolled in Medicaid report one or more chronic conditions.[1] Our organizations therefore have a unique perspective on what individuals and families need to prevent disease, cure illness and manage serious and chronic health conditions. The diversity of our organizations and the populations we serve enables us to draw upon a wealth of knowledge and expertise that is an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Centers for Medicare and Medicaid Services (CMS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that Ohio's Medicaid program provides quality and affordable healthcare coverage. Our organizations support the state's proposal to provide pre-release services for Medicaid-eligible individuals in certain correctional facilities.

The state proposes to provide certain transitional services to otherwise Medicaid-eligible individuals who are sentenced to a community-based correctional facility (CBCF). This is consistent with both the goals of Medicaid and CMS guidance and will be an important step in improving the continuity of care. Services will include case management, medication-assisted treatment (MAT) with counseling, and a 30-day supply of prescription medications upon release. This proposal will help these populations with complex needs to access critical supports for treating physical and behavioral health conditions. For example, studies in Washington and Florida reported that people with severe mental illness that had

Medicaid coverage at the time of their release were more likely to access community mental health services and had fewer detentions and stayed out of jail longer than those without coverage.[2]

This application proposes covering the initial 30-day period when CBCF residents lack "freedom of movement" and are therefore excluded from Medicaid. However, some inmates may not change statuses for longer periods of time, surpassing CMS's 60-day allowance for these services. Our organizations urge CMS to set coverage requirements ensuring that, in the case that an inmate has exceeded the 60-day allowance, the state commits to funding the same pre-release services with state-only dollars until the individual transitions to "freedom of movement" status. This policy would be consistent with CMS's guidelines and would ensure pre-release coverage is applied until release.

Our organizations support Ohio's efforts to improve continuity of coverage with pre-release services for the justice-involved population and urge CMS to approve this request. Thank you for the opportunity to provide comments.

Sincerely,

AiArthritis
American Cancer Society Cancer Action Network
American Diabetes Association
American Lung Association
Blood Cancer United
Cancer Nation
Lutheran Services in America
National Bleeding Disorders Foundation
National Patient Advocate Foundation
The AIDS Institute
The Coalition for Hemophilia B
ZERO Prostate Cancer

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[1] Saunders, Heather et al. 5 Key Facts About Medicaid Coverage for Adults with Chronic Conditions. KFF. April 10, 2025. Available at: https://www.kff.org/medicaid/5-key-facts-about-medicaid-coverage-for-adults-with-chronic-conditions/

[2] Joseph Morrissey et al. Medicaid Enrollment and Mental Health Service Use Following Release of Jail Detainees with Severe Mental Illness. Psychiatric Services 57, no. 6 (June 2006): 809-815. DOI: 10.1176/ps.2006.57.6.809, and Joseph Morrissey et al. The Role of Medicaid Enrollment and Outpatient Service Use in Jail Recidivism Among Persons with Severe Mental Illness. Psychiatric Services 58, no. 6 (June 2007): 794–801. DOI: 10.1176/ps.2007.58.6.794.