

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

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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 \(CAA, 2023\) \(P.L. 117-328\)](#) (hereinafter 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. 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:

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 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.

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

OHA will work with CCOs and impacted carceral facilities (*see Table 1 for a list of carceral facilities that hold FCAA-Covered Youth*) to phase in the implementation of FCAA requirements for CCOs and their implementation partners.

- **Phase 1** will focus on Medicaid reimbursement of FCAA services in the post-release period, beginning on January 1, 2026. CCOs will be responsible for ensuring screening and diagnostic services are provided as close to release as practicable, as well as providing 30 days of targeted case management beginning the day of release to all 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 information and reentry plans within 30 days of release. OHA will work with carceral facilities to document if FCAA services were provided in the pre-release period during Phase 1; 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 FCAA services in the post-release period.
- **Phase 2** will begin at a later date, 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 FCAA requirements in cohorts once systems are in place to deliver and bill for services. OHA will release updated guidance on pre-release services and processes at a later date.

OHA recognizes the importance of meeting the FCAA requirements, as justice-involved youth have generally experienced disproportionately higher rates of physical and behavioral health conditions, substance use disorder, trauma and poverty.⁴ 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 FCAA modifies these policies and lifts the inmate exclusion for targeted services for a specific period of time prior to an 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)

⁴ CMS, [SHO# 24-004 "RE: Provision of Medicaid and CHIP Services to Incarcerated Youth," July 23, 2024.](#)

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

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

3. FCAA-Covered Youth

Under the FCAA, 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).

4. Impacted Carceral Facilities

All carceral facilities that house FCAA-Covered Youth are subject to 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 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 FCAA-Covered Youth in the post-release period.⁵

Table 1: Eligible FCAA Facilities

Facility Type	Number of Facilities	Facility Names
OYA	8	<ul style="list-style-type: none"> • Camp Florence • Camp RiverBend Youth Transition Facility • Camp Tillamook

⁵ 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
		<ul style="list-style-type: none"> • 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
Juvenile Detention	11	<ul style="list-style-type: none"> • Deschutes County Oregon Juvenile Detention Center • Donald E Long Juvenile Detention • Douglas County Oregon Juvenile Detention Center • Jackson County Oregon Juvenile Detention Center • Josephine County Oregon Juvenile Detention Center • Klamath County Juvenile Detention Center • Lane County Juvenile Detention Center • Linn-Benton Juvenile Detention Center • Marion County Oregon Juvenile Detention Center • Northern Oregon Regional Correctional Facility (NORCOR) Juvenile Detention Complex • Yamhill County Oregon Juvenile Detention Center
DOC	13	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Baker County Oregon Jail • Benton County Oregon Jail & Corrections • Clackamas County Oregon Jail • Clatsop County Oregon Detention Center • Columbia County Oregon Jail • Coos County Oregon Sheriff's Jail • Crook County Oregon Jail • Curry County Oregon Sheriff's Jail • Deschutes County Oregon Adult Jail

Facility Type	Number of Facilities	Facility Names
		<ul style="list-style-type: none"> • Douglas County Oregon Jail • Grant County Oregon Jail • Harney County Oregon Corrections • Jackson County Oregon Jail • Jefferson County Oregon Adult Detention Center • Josephine County Oregon Jail • Klamath County Oregon Jail • Lake County Oregon Jail • Lane County Oregon Jail • Lincoln County Oregon Jail • Linn County Oregon Jail • Malheur County Oregon Correctional Facility • Marion County Oregon Correctional Facility • Multnomah County Oregon Detention and Inverness Jail • Northern Oregon Regional Correctional Facility (NORCOR) Adult • Polk County Oregon Jail • Tillamook County Oregon Jail • Umatilla County Correctional Facility • Union County Oregon Correctional Facility • Washington County Oregon Jail • Yamhill County Oregon Jail
County transition centers	2	<ul style="list-style-type: none"> • Marion County Transition Center • Washington County Transition Center
Federal Prison	1	<ul style="list-style-type: none"> • Federal Correctional Institution, Sheridan

5. Screening and Diagnostic Services: Definitions and Eligible Providers

A. Definitions of Screening and Diagnostic Services

Within one week, or as soon as practicable, after release from a carceral facility, CCOs must ensure the following screening and diagnostic services are available for FCAA-Covered Youth:

Table 2: Screening and Diagnostic Service Definitions

Screening	Diagnostics
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Medicaid and CHIP Youth Under the Age of 21	<p>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:</p> <ul style="list-style-type: none"> (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. 	<p>When a screening service indicates the need for further evaluation and when such diagnostic services are otherwise medically necessary.</p>
Youth Ages 21 and Over	<p>Screening services must include those that are medically necessary to determine existence of a physical or behavioral health illness or condition.</p>	<p>When a screening service indicates the need for further evaluation and when such diagnostic services are otherwise medically necessary.</p>

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. At this time, coverage of screening and diagnostic services is the responsibility of the CCO in the post-release period. Medicaid payments are only available for these services if they are provided in the post-release period. OHA will provide additional information at a later date when providers can receive Medicaid payment for these services in the 30-day pre-release period.

1. Targeted Case Management Definition and Eligible Providers

A. Definition of Targeted Case Management Services

In the 30 days following an FCAA-Covered Youth's release from a carceral facility, CCOs must ensure the following reentry targeted case management services are available for FCAA-Covered Youth:⁶

- Completion of the Reentry Health Risk Assessment (Reentry HRA) with the FCAA-Covered Youth within thirty days of the FCAA-Covered Youth's release from a carceral facility. In order to complete the Reentry HRA, the Post-Release Case Manager must complete at least one face-to-face or telehealth encounter/assessment with the FCAA-Covered Youth.
 - Per OAR 410-155-0010, the Reentry HRA must include all of the following elements:
 - Taking client history;
 - Identifying the FCAA-Covered Youth's needs and completing related documentation (medical, mental, substance use, housing, and other health-related social needs (HRSN), functional needs, and strengths and support resources); and
 - Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the FCAA-Covered Youth.
 - CCOs may use their own HRA template if it meets the Reentry HRA requirements established in OAR 410-155-0010.
 - If the 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 FCAA-Covered Youth declines to participate, the CCO must document:
 - Post-Release Case Manager made efforts to have one or more meetings with the FCAA-Covered Youth, including identifying the specific attempts and barriers to having the meetings; and
 - FCAA-Covered Youth's reasons for not participating, to the maximum extent feasible.
- Completion of the Reentry Care Plan (RCP), a person-centered care plan.
 - Per OAR 410-155-0010, the Reentry Care Plan must:
 - 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 FCAA-Covered

⁶ 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.

- Youth, such as developing safe decision-making skills or building relationships.
- Include referral and related activities such as scheduling appointments for the FCAA-Covered Youth and working with the FCAA-Covered Youth (or the 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 FCAA-Covered Youth.
- CCOs must complete an RCP regardless of the 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 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 FCAA-Covered Youth declines to participate, the CCO must document:
 - Post-Release Case Manager made efforts to have one or more meetings with the FCAA-Covered Youth, including identifying the specific attempts and barriers to having the meetings; and
 - FCAA-Covered Youth's reasons for not participating, to the maximum extent feasible.
- Completion of the Reentry Warm Handoff within 30 days of an FCAA-Covered Youth's release from a carceral facility if the FCAA-Covered Youth received FCAA targeted case management services in the 30- day pre-release period and was assigned a Pre-Release Case Manager.
 - Warm handoffs may not be feasible to complete during Phase 1 of FCAA implementation.
 - OHA expects CCOs to complete a Reentry Warm Handoff meeting during Phase 1 in situations where (1) carceral facilities and FCAA-Covered Youth are willing to participate and (2) the FCAA-Covered Youth had an assigned Pre-Release Case Manager while incarcerated.
 - In situations where warm handoffs are possible, OHA expects the CCO to:
 - Reach out to carceral facility and request relevant health information; and
 - Conduct the Reentry Warm Handoff meeting, either in-person or via telehealth, with the FCAA-Covered Youth and the Pre-Release Case Manager, unless the FCAA-Covered Youth refuses to participate.
 - In situations where 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 warm handoff is infeasible.

If the CCO's Post-Release Case Manager's initial attempt to contact the FCAA-Covered Youth is unsuccessful, the Post-Release Case Manager must make and document a minimum of two (2) additional attempts to contact the FCAA-covered youth to facilitate reentry targeted case services in the 30-days post-release period. Additional attempts to contact the youth must occur within 30 days of the FCAA-Covered Youth's release.

B. Eligible Providers for Post- Release Targeted Case Management

CCOs are responsible for assigning FCAA-Covered Youth a Post-Release Case Manager. CCOs may contract all qualified providers to furnish 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.

At this time, Medicaid payments are only available for these services in the 30 days post-release. OHA will provide additional information at a later date when providers can receive Medicaid payment for these services in the 30-day pre-release period.

6. Medicaid and CHIP Reimbursement

Reimbursement for screening and diagnostic services in the post-release period: Effective on January 1, 2026, CCOs must ensure coverage of screening and diagnostic services, as clinically required.

Reimbursement for targeted case management in the post-release period: Effective on January 1, 2026, CCOs must ensure coverage of targeted case management for 30 days post-release.

Reimbursement for services in the pre-release period: At this time, reimbursement for FCAA services provided in the pre-release period is not available. Medicaid reimbursement for FCAA services in the pre-release period will go-live in Phase 2. OHA will provide guidance on pre-release services at a later date.

7. Medicaid Enrollment and Suspension Processes

FCAA services can only be paid for by OHA if (1) the youth is enrolled in Medicaid or CHIP, and (2) the provider can bill Medicaid for services rendered. During Phase 1, OHA will develop processes to make sure OHP coverage is activated as close to release as possible to facilitate provision of these services. OHA expects CCOs and carceral facilities to work in close coordination to develop data sharing processes to ensure these services are provided as close to release as possible.

In Phase 2, OHA will develop processes to ensure OHP is available for 30 days prior to release

for FCAA-covered youth. Additional information on pre-release eligibility and enrollment processes will be provided at a later date.

8. Documentation of FCAA Compliance

OHA will require CCOs to gather and report information from providers and members to document the appropriateness and timeliness of FCAA services, as specified in contract (Ex. D Part 15). In order to minimize administrative burden, OHA is working to incorporate FCAA-related data elements into existing deliverables wherever possible. Additionally, OHA will develop monitoring protocols in 2026 (to go into effect at a later date) to track CCO compliance with FCAA requirements.

Although OHA cannot reimburse for services provided in the pre-release period during Phase 1, OHA will be responsible for documenting carceral facility compliance with providing FCAA services prior to release. If facilities are not providing FCAA services in the pre-release period, they must provide a detailed explanation outlining their reasons (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). OHA will maintain clear documentation of compliance for each carceral facility to be available to CMS upon their request, as required in the state's 5121 Attestation SPA and the State Health Official Letter 24-006.⁷

9. 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 webina

⁷ Centers for Medicare & Medicaid Services, [SHO# 24-006 "RE: Provision of Medicaid and CHIP Services to Incarcerated Youth - FAQs," December 19, 2024.](#)

