



# 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](#).<sup>1</sup>

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.<sup>2,3</sup>

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); 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 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 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

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<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

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.<sup>4</sup> 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)

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

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

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 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.<sup>5</sup>

Table 1: Eligible FCAA Facilities

Facility Type	Number of Facilities	Facility Names
Oregon Youth Authority (OYA)	8	<ul style="list-style-type: none"> <li>• Camp Florence</li> <li>• Camp RiverBend Youth Transition Facility</li> <li>• Camp Tillamook</li> <li>• Eastern Oregon Youth Correctional Facility</li> <li>• MacLaren Youth Correctional Facility</li> <li>• Oak Creek Youth Correctional Facility (includes Jackie Winters)</li> <li>• Rogue Valley Youth Correctional Facility</li> <li>• Tillamook Youth Correctional Facility</li> </ul>
Juvenile Detention	11	<ul style="list-style-type: none"> <li>• Deschutes County Oregon Juvenile Detention Center</li> <li>• Donald E Long Juvenile Detention</li> <li>• Douglas County Oregon Juvenile Detention Center</li> <li>• Jackson County Oregon Juvenile Detention Center</li> <li>• Josephine County Oregon Juvenile Detention Center</li> <li>• Klamath County Juvenile Detention Center</li> <li>• Lane County Juvenile Detention Center</li> </ul>

<sup>5</sup> 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"> <li>• Linn-Benton Juvenile Detention Center</li> <li>• Marion County Oregon Juvenile Detention Center</li> <li>• Northern Oregon Regional Correctional Facility (NORCOR) Juvenile Detention Complex</li> <li>• Yamhill County Oregon Juvenile Detention Center</li> </ul>
DOC	13	<ul style="list-style-type: none"> <li>• Coffee Creek Correctional Facility</li> <li>• Coffee Creek Intake Center</li> <li>• Columbia River Correctional Institution</li> <li>• Deer Ridge Correctional Institution</li> <li>• Eastern Oregon Correctional Institution</li> <li>• Oregon State Correctional Institution</li> <li>• Oregon State Penitentiary</li> <li>• Powder River Correctional Facility</li> <li>• Santiam Correctional Institution</li> <li>• Snake River Correctional Institution</li> <li>• South Fork Forest Camp</li> <li>• Two Rivers Correctional Institution</li> <li>• Warner Creek Correctional Facility</li> </ul>
Local jails	30	<ul style="list-style-type: none"> <li>• Baker County Oregon Jail</li> <li>• Benton County Oregon Jail &amp; Corrections</li> <li>• Clackamas County Oregon Jail</li> <li>• Clatsop County Oregon Detention Center</li> <li>• Columbia County Oregon Jail</li> <li>• Coos County Oregon Sheriff's Jail</li> <li>• Crook County Oregon Jail</li> <li>• Curry County Oregon Sheriff's Jail</li> <li>• Deschutes County Oregon Adult Jail</li> <li>• Douglas County Oregon Jail</li> <li>• Grant County Oregon Jail</li> <li>• Harney County Oregon Corrections</li> <li>• Jackson County Oregon Jail</li> <li>• Jefferson County Oregon Adult Detention Center</li> <li>• Josephine County Oregon Jail</li> <li>• Klamath County Oregon Jail</li> <li>• Lake County Oregon Jail</li> <li>• Lane County Oregon Jail</li> <li>• Lincoln County Oregon Jail</li> <li>• Linn County Oregon Jail</li> <li>• Malheur County Oregon Correctional Facility</li> <li>• Marion County Oregon Correctional Facility</li> </ul>

Facility Type	Number of Facilities	Facility Names
		<ul style="list-style-type: none"> <li>• Multnomah County Oregon Detention and Inverness Jail</li> <li>• Northern Oregon Regional Correctional Facility (NORCOR) Adult</li> <li>• Polk County Oregon Jail</li> <li>• Tillamook County Oregon Jail</li> <li>• Umatilla County Correctional Facility</li> <li>• Union County Oregon Correctional Facility</li> <li>• Washington County Oregon Jail</li> <li>• Yamhill County Oregon Jail</li> </ul>
County transition centers	2	<ul style="list-style-type: none"> <li>• Marion County Transition Center</li> <li>• Washington County Transition Center</li> </ul>
Federal Prison	1	<ul style="list-style-type: none"> <li>• Federal Correctional Institution, Sheridan</li> </ul>

## 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 provided for FCAA-Covered Youth:

Table 2: Screening and Diagnostic Service Definitions

	Screening	Diagnostics
<b>Medicaid and CHIP Youth Under the Age of 21</b>	<p>As outlined in <a href="#">OAR 410-151-0004</a>;</p> <p>Periodic EPSDT screening exams shall be provided in accordance with the <a href="#">Bright Futures Periodicity Schedule</a> and must include:</p> <ul style="list-style-type: none"> <li>(a) A comprehensive health and developmental history including assessment of both behavioral health and physical health development;</li> <li>(b) Assessment of nutritional status;</li> <li>(c) Comprehensive unclothed physical exam including inspection of teeth and gums;</li> <li>(d) Appropriate immunizations;</li> <li>(e) Lead testing as required by <a href="#">OAR 410-151-0040</a>;</li> </ul>	<p>When a screening service indicates the need for further evaluation and when such diagnostic services are otherwise medically necessary and appropriate.</p>

	<ul style="list-style-type: none"> <li>(f) Other appropriate laboratory tests (including but not limited to anemia test and sickle cell test) based on age and EPSDT Beneficiary risk;</li> <li>(g) Health education including anticipatory guidance; and</li> <li>(h) Appropriate hearing and vision screening.</li> </ul>	
<b>Youth Ages 21 and Over</b>	<p>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 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 necessary and appropriate and to determine the existence or progression of an illness or health condition.</p>	<p>When a screening service indicates the need for further evaluation and when such diagnostic services are otherwise medically necessary and appropriate.</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.

### 6. 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:<sup>6</sup>

- 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/person-to-person or telehealth encounter/assessment with the FCAA-Covered Youth.
  - For the Reentry HRA, CCOs must use the 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 Post-Release Case Manager is responsible for all Reentry HRA documentation, including the documentation of elements described in [OAR 410-155-0010](#)(6)(c)(A)(iv).
  - 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:
    - 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 FCAA-Covered 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.

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<sup>6</sup> 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.

- 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.
  - Reentry 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 Reentry 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 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.

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

must 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.

## 7. Medicaid and CHIP Reimbursement

### *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.
- **Enhanced Rate:** Post-release targeted case management for FCAA-covered populations is available for reimbursement at an enhanced rate. Please reference the FCAA Post-release 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 in the 30-days post-release and OHA will monitor claims to ensure none are submitted for services rendered outside of the eligible window.
- **Limitations:** CCOs cannot use their own employees to provide and bill directly TCM services. CCOs must use contracted in-network providers. 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.”

### *Reimbursement 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.

To support activation of benefits for *post-release* service provision for FCAA eligible members OHP will be activated close to 30 days pre-release where possible, members will be enrolled in CCOs, and capitation will be paid initially. However, OHA will retroactively recoup capitation for the entirety of the member's pre-release period following their 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. There is no expectation for care coordination or service coverage of CCOs during the pre-release period in Phase 1. OHA will



monitor claims and void any ineligible claims submitted during the pre-release period in error and provide technical assistance as needed in Phase 1.

## 8. Medicaid Enrollment and Suspension Processes

### *Identifying FCAA Members and Activating OHP*

- Activities to identify and activate FCAA-eligible member's OHP will occur in advance of a potentially 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.
- Activating OHP benefits 30-days pre-release in Phase 1 will give CCOs an advance notice of their member. This will help to facilitate outreach and post-release service provision on the date of release as the member will release with OHP active and enrollment in the CCO. There is no expectation of pre-release service provision in Phase 1 even though OHP benefits will be active pre-release. See [Medicaid and CHIP Reimbursement](#) for additional details.
- There is no role of the CCO in identifying FCAA-eligible members or activating OHP benefits.

### *FCAA Member Notification Email*

- CCOs will learn of an FCAA-eligible member enrolled in their plan via an FCAA Member Notification Email sent by ODHS eligibility staff.
  - CCOs are asked to contact [ohp.carceralprograms@oha.oregon.gov](mailto:ohp.carceralprograms@oha.oregon.gov) to verify or update the emails this notification email is sent to at their organization.
- This 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 post-release 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 FCAA Member Notification Email on their 834 enrollment files for any additional information including member address.
- CCOs may begin requesting health information or reaching out to the member as soon as the FCAA Member Notification Email is received, however, pre-release services are not available for reimbursement in Phase 1 (see [Medicaid and CHIP Reimbursement](#)).
- CCOs are expected to have internal procedures to assign a case manager for TCM service provision and outreach to the FCAA-eligible member on or as soon as possible after the release date listed in the FCAA Member Notification Email for post-release service provision.

#### *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 of Phase 1 to inform operational planning and improvements that can be incorporated for Phase 2 of launch.

## **9. FCAA-Covered Population Specifics**

#### *Clarification: FCAA Population Overlap with YSHCN*

- FCAA-eligible members 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.
- FCAA-eligible members 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](mailto:1115waiver.renewal@odhsoha.oregon.gov).

#### *Policy for Aging Out of FCAA Eligibility*

In rare cases, individuals may be in a situation where (a) they are 20 years old and their birthdate falls during the FCAA-covered period or (b) they are 25 years old, aged out of foster care, and their birthdate falls during the FCAA-covered period. To ensure all situations are handled uniformly, eligibility staff will evaluate the age of the potentially eligible individual as of the 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 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 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 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 FCAA because they meet all other FCAA-criteria.
    - Result: eligibility staff will process eligibility for FCAA and set the individual's OHP benefits to start Jan 30.
  - Scenario 2: Individual's birthdate is Jan 1
    - As of Jan 30, the individual would be 26 and not eligible for FCAA because they do not meet the age criteria for FCAA eligibility.
    - Result: eligibility staff will follow standard OHP eligibility processing and set benefits to start on the release date.

## 10. FCAA Reporting and Monitoring

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.

- In 2026, OHA will monitor service provision for FCAA members via existing claims data, including but not limited to the following:
  - Number of FCAA-eligible members enrolled in the CCO plan
  - Screening service delivery within 1 week (or as soon as practicable)
  - Diagnostic service delivery within 1 week (or as soon as practicable)
  - Targeted Case Management services in the 30-days post-release
  - Follow-up services provided post-release based on Reentry Care Plan (RCP)
- Guidance on additional monitoring metrics requested from CCOs will be included in future updates to this guidance document.

## 11. Documentation of FCAA Compliance

- **Phase 1:** OHA is maintaining documentation of carceral facility compliance to support post-release service provision 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 Phase 1 participation. 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.<sup>7</sup>

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

- **Phase 2:** OHA will be responsible for documenting carceral facility compliance with providing FCAA services prior to release once this phase launches. 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.<sup>8</sup>

## 12. Readiness Report Guidance

- Per 2026 CCO Contracts, 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 (contingent upon legislative approval), (e.g., pre-release care coordination). CCOs shall use the reentry readiness plan template(s) provided by OHA to document their readiness to provide pre-release reentry health care services.
- OHA will provide additional information about the Reentry Readiness Plan requirements on the CCO Contract Forms Website prior to the date on which the Contractor is required to begin providing pre-release Reentry FCAA Services.
- Once the required date for submission has been determined, OHA will provide notice via Administrative Notice at least ninety (90) days before the required date for submission.
- 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 FCAA population. Procedures must include the following key activities:
    - Receiving and triaging incoming FCAA Member Notification Emails from ODHS eligibility staff.
    - Assigning a post-release case manager.
    - Informing the post-release case manager of the member's FCAA eligibility and the FCAA-required activities including the warm hand-off, HRA, and RCP.
    - Informing the post-release case manager of the Reentry TCM rate, code pairings to include on claims, and FCAA TCM eligible window.
    - Contacting the pre-release case manager (if available) and the member as soon as possible after receiving the FCAA Member Email Notification prior to release.
    - Requesting relevant member health information from the carceral facility.

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<sup>8</sup> Centers for Medicare & Medicaid Services, [SHO# 24-006 "RE: Provision of Medicaid and CHIP Services to Incarcerated Youth - FAQs," December 19, 2024](#).

- 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 Phase 2 in your CCO service area that your CCO has been able to make contact with regarding 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.

### **13. 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.