

attribute this adjustment to a slight increase in the overall number of submissions we received over the last few years.

Dated: November 19, 2024.

P. Ritu Nalubola,

Associate Commissioner for Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Availability of Final Health Center Program Policy Guidance Regarding Services To Support Transitions in Care for Justice-Involved Individuals Reentering the Community

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Final notice.

SUMMARY: The final Health Center Program Policy Guidance Regarding Services to Support Transitions in Care for Justice-Involved Individuals Reentering the Community Policy Information Notice (JI–R PIN) has been developed to assist health centers who choose to provide certain primary health care services to support the transition of JI–R individuals from the carceral setting back into the community setting.

DATES: This Final JI–R PIN is effective on the date of publication of this notice.

FOR FURTHER INFORMATION CONTACT: For questions regarding this notice, use the HRSA Bureau of Primary Health Care Contact Form: <https://hrsa.force.com/support/s/> or call Jennifer Joseph, Director, Office of Policy and Program Development, Bureau of Primary Health Care, HRSA, at 301–594–4300.

SUPPLEMENTARY INFORMATION: HRSA provides grants to eligible applicants under section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b), to support the delivery of preventive and primary care services to the nation’s underserved individuals and families. HRSA also certifies eligible applicants under the Health Center Look-Alike Program (see sections 1861(aa)(4)(B) and 1905(l)(2)(B) of the Social Security Act). Look-alikes do not receive Health Center Program funding but must meet the Health Center Program statutory and regulatory requirements. Health centers are local organizations that provide

comprehensive, high-quality primary health care services tailored to their communities regardless of their patients’ ability to pay. Nearly 1,400 Health Center Program-funded health centers and more than 100 Health Center Program look-alike organizations operate more than 16,100 service delivery sites that provide care to more than 32 million patients in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. Note that for the purposes of this document, the term “health center” refers to entities that receive a federal award under section 330 of the Public Health Service Act, as well as subrecipients and organizations designated as look-alikes, unless otherwise stated.

This final JI–R PIN establishes policy for all health centers that apply for and receive a federal award under the Health Center Program, as authorized by section 330 of the Public Health Service (PHS) Act (including sections 330(e), (g), (h), and (i)), as well as section 330 subrecipient organizations and Health Center Program look-alikes. This final JI–R PIN is intended to support health centers in providing certain health services—delivered under the exclusive control and authority of the health center—to support the transition of JI–R individuals from the carceral setting back into the community setting. The services the health center provides are limited to services that support reentry. A health center may not take on or replace the provision of any other health care services the carceral authority provides to those who are incarcerated or detained.

HRSA released a draft of the JI–R PIN for a 60-day public comment period. HRSA revised the JI–R PIN in response to comments and posted a summary of comments and HRSA’s responses at <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/pin-2024-05-comments-summary.pdf>.

Organizations receiving Health Center Program federal awards, including subrecipients, and organizations designated as Health Center Program look-alikes, continue to be subject to all requirements stated in Notices of Funding Opportunity, Notices of Award, Look-Alike Initial Designation and Redesignation Instructions, Notices of Look-Alike Designation, as well as other applicable laws, regulations, and policies. Organizations are also subject to the distinct statutory, regulatory, and

policy requirements of other federal programs in which they participate.

Carole Johnson,

Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for Medicaid, the Children’s Health Insurance Program, and Aid to Needy Aged, Blind, or Disabled Persons for October 1, 2025, Through September 30, 2026

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: The Federal Medical Assistance Percentages (FMAP), Enhanced Federal Medical Assistance Percentages (eFMAP), and disaster-recovery FMAP adjustments for fiscal year 2026 have been calculated pursuant to the Social Security Act (the Act). These percentages will be effective from October 1, 2025, through September 30, 2026. This notice announces the calculated FMAP rates, in accordance with the Act, that the U.S. Department of Health and Human Services (HHS) will use in determining the amount of Federal matching for state medical assistance (Medicaid), Temporary Assistance for Needy Families (TANF) Contingency Funds, Child Support collections, Child Care Mandatory and Matching Funds of the Child Care and Development Fund, Title IV–E Foster Care Maintenance payments, Adoption Assistance payments and Kinship Guardianship Assistance payments, and the eFMAP rates for the Children’s Health Insurance Program (CHIP) expenditures. Table 1 gives figures for each of the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. This notice reminds states of adjustments available for states meeting requirements for disproportionate employer pension or insurance fund contributions and adjustments for disaster recovery. Based on the criteria for a qualifying state, one state meets the requirements for an adjustment for disaster recovery.

DATES: The percentages listed in Table 1 will be effective for each of the four quarter-year periods beginning October 1, 2025, and ending September 30, 2026.