



Medicaid to 26 for Youth in Foster Care: Key Steps for Advocates

ChildFocus, Inc.
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Introduction

The Affordable Care Act (ACA) includes a provision that allows all young people to stay on their parent's health insurance until age 26. Recognizing that young people who leave foster care with no legally binding tie to a family should also have access to affordable health care, the legislation allows them to retain Medicaid coverage up to age 26. This provision becomes effective January 1, 2014.

For youth who have spent time in foster care, access to health and mental health services is of critical importance and can make a difference in their successful transition to adulthood. Research confirms that youth who have aged out of foster care face multiple health risks and highlights the importance of high quality health and mental health services to address the lingering impact of trauma into adulthood.¹ Recent analysis of data from the *National Survey of Child and Adolescent Well-being* further confirms that youth who have been referred to child welfare have higher than average adverse childhood experiences that directly correlate with future health challenges.²

Advocates can play an important role to ensure that the ACA provision to extend Medicaid works for youth who are leaving or have already left foster care. By working across child welfare and Medicaid agencies and with the community, advocates can help realize the following goals:

- Seamless health care coverage for youth who age out of care to age 26; and
- Outreach to youth who have already left foster care and are not yet age 26 to inform them of eligibility for Medicaid and support them in efforts to become enrolled.

The following outlines key steps child welfare stakeholders can take to ensure Medicaid to age 26 for youth in or who have aged out of foster care. Given the impending implementation date, it is critical to lay the groundwork now, particularly for youth who have already left care or will do so in the near future.

Step 1: Know what's in the law and regulations

Some key facts are important for advocates to know about Medicaid to age 26 for former foster youth.

First, Medicaid is available to former foster youth who were in foster care and receiving Medicaid at age 18, or on the date the youth aged out of foster care if the state has chosen to allow foster youth to remain in care after age 18. Former foster youth are eligible for Medicaid regardless of their income until their 26th birthdays.

Second, federal law requires states to cover former foster youth and provides states with federal Medicaid matching funds at the regular Medicaid matching rate for the state. Former foster youth are not part of the Medicaid expansion group addressed by the U.S. Supreme Court, which some states have declined to cover, and the enhanced Medicaid matching rate for expansion populations is not available for services provided to this population. Additionally, former foster youth are eligible for full Medicaid coverage and are not limited to the alternative benefit plan that states can provide for the expansion populations.

States Must Cover Former Foster Youth

Youth who were in foster care and enrolled in Medicaid, and have not yet reached 26, are eligible for Medicaid regardless of what their state decides to do about the Medicaid expansion. In other words, it is mandatory for a state to cover a young person who was in foster care in that state.

Third, proposed federal rules do not mandate that states cover youth who were the responsibility of another state on their 18th birthday (or applicable state age), but would allow states the option of covering these youth. Advocates have urged the Centers for Medicare and Medicaid Services to provide Medicaid coverage regardless of which state provided foster care for the youth, but final rules have not yet been issued. Advocates may want to urge their states to choose this option to ensure that all former foster youth are covered regardless of what the final federal rules say.

Information about the law is summarized more thoroughly in Olivia Golden and Diana Emam's June 2013 article from the Urban Institute, [*How Health Care Reform Can Help Children and Families in the Child Welfare System: Options for Action*](#).

Step 2: Gather data

Advocates can use data to inform legislators, state administrators, and community stakeholders on the importance of focusing on outreach and can also help advocates track success with enrollment. The most important data points are:

1. How many youth have left foster care each year but have not yet turned 26 and thus might not have adequate health insurance. The cumulative number represents the pool of youth who are likely to be eligible for Medicaid under the ACA; and
2. How many youth age out of care each year can be targeted for seamless Medicaid eligibility even before they leave care.

State-by-state data on youth who have aged out of care can be accessed for most states in the [Child Welfare Outcomes Report](#) by looking at Outcomes 3.4, Emancipation. States can also contact SPARC for assistance with identifying the most appropriate data.

Step 3: Meet with Child Welfare and Medicaid Staff

Advocates should know about and be involved with what their Medicaid and child welfare agencies are planning in terms of outreach to former foster youth and continuous coverage of youth who leave foster care after January 1, 2014, so that efforts can be streamlined and coordinated. Key questions that can help guide these discussions include:

Questions for Medicaid agencies:

- Does the Medicaid agency have a process that will provide seamless continuation of Medicaid coverage for youth in foster care once they become former foster youth?
- Did the state implement the Chafee option to provide Medicaid coverage to age 21, and if so, does the Medicaid agency have a process to provide continuous coverage for these youth up to age 26?
- Does the Medicaid agency have a simplified redetermination process for former foster youth, or can one be developed?
- Has the Medicaid agency chosen to provide presumptive eligibility for former foster youth?
- Do Medicaid agencies have a list of youth formerly eligible for Medicaid by virtue of foster care status that they are able to share or otherwise use for outreach?
- Do Medicaid agencies plan to ask about former foster care status on enrollment forms?
- Are the ACA navigators in the state informed about the provision and trained to ask about current or former foster care status?
- If the state is developing a state health care exchange, will information about the foster care provision be included in enrollment for the exchange so they can make a referral to Medicaid?
- Do Medicaid agencies plan to advocate for covering youth who were in foster care in other states, which is an option and not a mandate under proposed federal rules?
- If former foster youth are found to be ineligible for Medicaid, is there a process for referral to other sources of insurance coverage such as the health care exchange?

Questions for Child Welfare agencies:

- Do child welfare agencies have any lists of youth formerly in care and their last known address or other contact information for outreach?
- Do child welfare agencies plan to include seamless Medicaid coverage in their transition plans for youth 90 days before they leave care as required by Fostering Connections?
- Do child welfare agencies have strategies to provide consultation or refer youth to assistance in choosing the most appropriate health plan?
- Do child welfare agencies work with any alumni groups that can assist with outreach?
- Will child welfare agencies share a list of group homes, foster parents, mentors and others who might be in touch with former foster youth?

- Do child welfare agencies plan to advocate for covering youth who were in foster care in other states, which is an option and not a mandate under proposed federal rules?

Step 4: Develop strategies for continuous Medicaid coverage for youth who leave care each year

Depending upon the answers to the questions above, advocates can promote legislation or policy change to ensure that youth are automatically enrolled in Medicaid even prior to leaving care. Strategies to ensure continuous coverage include:

- Require **continuous coverage** for youth who age out of foster care;
- Require that **transition plans** conducted with youth 90 days prior to leaving care include provisions for continuous Medicaid coverage and assistance for the youth to make decisions about coverage, such as how to choose a managed care plan;
- Raise awareness about eligibility for Medicaid to age 26 in **Youth Bill of Rights** that many states have enacted;
- Require **training and education** about Medicaid to age 26 for independent living coordinators, staff at group homes and residential treatment centers, foster parents, health care clinics that serve foster youth, and other; and
- Require the Medicaid agency to adopt a **simplified redetermination process** for former foster youth.

Step 5: Develop outreach strategies for youth who have aged out but not reached age 26

Outreach to former foster youth to inform them of their eligibility for Medicaid to age 26 is a more complex process than ensuring continuous coverage for youth exiting care, but is a critical step that can help improve well-being for youth who have left care and do not have access to affordable and adequate health insurance. There is no one strategy that is likely to reach all former foster youth, but a combination of strategies has the potential to find youth who might not know about their eligibility. These include:

Foster care youth and alumni organizations

Former foster youth who are involved in program and policy efforts for states and local communities are perhaps the most powerful partner in efforts to enroll former foster youth in Medicaid. Foster youth organizations can play a number of roles to get the word out through social media and other outlets:

- Provide advice to advocates and others about the best methods to reach former foster youth;
- Develop and/or react to social media messages, flyers and other written material;
- Directly engage networks that can reach former foster youth; and
- Participate in coalitions working with state and local administrators and the legislature

Education for child welfare stakeholders

To spread the word, advocates can use social media, produce educational materials, sponsor forums, and do 1:1 meetings with Independent Living Program coordinators, foster parent networks, youth networks, attorneys, judges, Court Appointed Special Advocates, and after care/transition programs. Information about

eligibility can be included as content in on-going state or community wide conferences and other gatherings as well.

ACA outreach partners

The ACA provides funding for Navigators whose job is to ensure that all citizens have information about health insurance. States planning for state exchanges are also developing an infrastructure for outreach and education. These and other partners working to ensure coverage for low income families can be helpful allies in ensuring former foster youth are enrolled in Medicaid.

Community partners

Advocates can work with a wide range of community partners who are likely to come into contact with former foster youth. These include community health and mental health centers, colleges and universities, public assistance offices, homeless shelters, and other programs for young adults. Additionally, individuals who knew the young person while they were in care may still be in touch with them and can spread the word, including foster parents, group homes, community based service providers, mentors and volunteer organizations.

State Advocates Leading Outreach Efforts

Several organizations in the SPARC network have already begun advocacy, outreach and education efforts that can be instructive to other states. If you have a strategy or educational materials to share, please contact SPARC so we can share them on our website and with states that are just beginning their outreach and education efforts.

Arizona Children's Action Alliance has been meeting with its child welfare and Medicaid agencies. A new Benefits enrollment computer system is planned with automatic Medicaid eligibility identified for current and former eligible foster youth. CAA plans extensive outreach with youth, stakeholders and community Medicaid navigator partners.

Kentucky Youth Advocates has met with the state's child welfare and Medicaid agencies and is partnering with the Foster Care Alumni Association of Kentucky and Kentucky Voices for Health to monitor health reform implementation and design an outreach strategy for enrolling former and current foster care youth.

Maryland Advocates for Children and Youth worked with their Department of Health and Mental Hygiene and other policy makers to insert legislative language into this year's successful Exchange bill (the [Maryland Health Progress Act of 2013](#)) that will ensure continuity of coverage for youth aging out of the foster care system. Although Maryland has taken up the Chaffee option to include foster youth in Medicaid to age 21, the legislative language specifically references age 18 so that Medicaid eligibility will continue even if a youth "drops out" of foster care before age 21. All former foster youth under age 21 will continue to receive full EPSDT benefits.

Advocates for Children and Youth also helped ensure that a question about former foster youth status is asked on the new HIX application. The new Maryland Health Connection will be able to enroll applicants in Medicaid programs as well as in the qualified health plans participating in our state-based exchange. Advocates for Children and Youth is spreading the news about the new provision for former foster youth by training peer educators, designing literature for youth and for providers, and producing short web videos to share on social media. They have also produced a pocket size fold-out information card for broad-based distribution (See Appendix 1).

Advocates for Children and Youth will continue to conduct trainings with youth and family serving agencies, homeless shelters, healthcare providers, college admissions offices, and the youth themselves. Information will include an explanation of how Maryland is implementing the law, information about community resources that can help with enrollment, and materials to engage youth and providers. A former foster youth specific fact sheet will be included on the acy.org website.

Nebraska Appleseed produced two factsheets, one for professionals and one for youth that can be accessed [here](#).

New York's Schuyler Center for Analysis and Advocacy is working with the Office of Children and Families and the NYS

Department of Health on the implementation of this provision. Schuyler Center is coordinating outreach in the form of webinars, sample newsletter articles for community organizations to use, and web videos. Schuyler Center will specifically reach out to child serving agencies (including foster care), health (physical and behavioral) care providers, homeless shelters, youth and places where youth congregate. Information will include an explanation of the law, how NY intends to implement the law, and effective engagement strategies to reach youth and most importantly to provide youth with the health services they need. A fact sheet is on Schuyler Center's website. All outreach information and material will be posted on the Schuyler Center webpage, www.scaany.org.

Pennsylvania Partnerships for Children has been meeting with its Medicaid agency and produced a [one-page factsheet](#) as part of its *Faces and Facts* series on the ACA

Foster Youth in Action (formerly the National Foster Youth Action Network) is promoting peer-to-peer outreach to spread the word about the new ACA benefits. They have designed a strategy to engage youth participating in youth-led advocacy around the country to develop educational and outreach campaigns about the ACA targeting other foster youth. At the Foster Youth in Action national convening, *Leaders for Change*, youth from at least 7 foster youth-led organizations will participate in a specialized training track developed by foster care alumni to learn more about the ACA, create a youth-focused ACA informational toolkit, and develop an educational campaign in order to reach a much greater population of foster youth with this information. The specialized training track will explain and demystify what the ACA is and why the youth should care about it, and describe what is currently happening in each state regarding the implementation and administration of the ACA for foster youth. The youth will work collaboratively to devise the actual campaigns, which will likely involve social media, so the messaging will resonate with other youth. The youth currently registered for *Leaders for Change* represent the following states and youth-led organizations: California (California Youth Connection), Washington (Mockingbird Society), Oregon (Oregon Foster Youth Connection), Nebraska (Project Everlast), Indiana (Fostering Connections of Indiana) and Massachusetts (HEROES). The convening will take place in San Francisco November 1-3, 2013, with Foster Youth in Action assisting the youth groups to implement their campaigns by January 2014. This project is sponsored by the Walter S. Johnson Foundation.

Step 6: Work with legislators to ensure that youth who were in care in another state are covered by your state's Medicaid plan

Proposed federal rules governing the ACA do not require states to cover youth who aged out of foster care in another state and make coverage for out of state youth an option that can be exercised under a state's Medicaid plan. Advocates can promote legislation to ensure out of state youth are covered by Medicaid to age 26 regardless of the final federal regulations. California enacted legislation that requires California's Medicaid plan to cover youth who were in foster care in another state until age 26 beginning January 1, 2014. The statute can be accessed [here](#).

For states that decide to cover out of state youth in the state's Medicaid plan, it's important to specify easy ways for the young person to verify they were in foster care and eligible for Medicaid in another state. An e-mail or letter from the state foster care or Medicaid agency should suffice, but states should take care to streamline the process so youth can enroll as quickly as possible. States should also have a process to quickly verify eligibility for other states if youth move and are trying to enroll in a new state's Medicaid program. States should consider any of the following strategies:

- Dedicate a staff person in the child welfare or Medicaid agency to verify former foster care status for another state;
- Allow for electronic submission of documentation of former foster care status and Medicaid eligibility;
- Develop an on-line request and authorization form that has an established response time; and
- Include a form that verifies former foster care status and Medicaid eligibility in transition plans that can be accessed if request for coverage in another state is made.

Step 7: Track implementation for individual and systemic issues with enrollment

Implementation of the ACA is an enormous undertaking and states will face many challenges and successes with enrollment of uninsured populations, including youth eligible for Medicaid to 26 by virtue of foster care status. Advocates should ensure that implementation monitoring includes a plan to track successes and challenges with automatic enrollment of youth who age out of foster care moving forward, as well as those who left care but have not yet reached the age of 26.

Ideas for tracking implementation of this provision include:

- Encourage child welfare and/or Medicaid agencies to dedicate a staff person who understands the provision to troubleshoot enrollment barriers and delays;
- Ensure that the legal community is aware of the right to Medicaid coverage for former foster youth and is mobilized to assist youth who are having difficulty exercising their right to coverage;
- Dedicate an individual/organization to collect stories of enrollment successes and challenges and publicize how to reach that individual/organization; and
- Meet quarterly or twice a year with relevant stakeholders to go over implementation challenges or delays
- Encourage any state or local bodies focused on health care coordination to include Medicaid to 26 enrollment issues as a focus of their work.

Step 8: Tell SPARC about your successes!

You can help other advocates support implementation of this provision by sharing success stories and strategies you've used to overcome challenges to Medicaid to 26. SPARC is interested in your strategies, communications strategies, partnership stories, legislative activity and more. Please contact SPARC to share ways you've helped to improve outcomes for youth as they transition out of foster care and into adulthood.



The State Policy Advocacy and Reform Center (SPARC), an initiative funded by the Annie E. Casey Foundation and Jim Casey Youth Opportunities Initiative, aims to improve outcomes for children and families involved with the child welfare system by building the capacity of and connections between state child welfare advocates. SPARC is managed by First Focus. You can visit us online at www.childwelfaresparc.org or on Twitter at [@ChildWelfareHub](https://twitter.com/ChildWelfareHub).

Thank you to the SPARC state advocacy network for sharing examples of what they are doing to promote outreach and enrollment in their communities and for reviewing drafts of this brief.

Contact

For more information, contact SPARC at (202) 657-0678 or shadih@firstfocus.net.

¹ Golden, Olivia and and Emam, Diana. *How Health Care Reform Can Help Children and Families in the Child Welfare System: Options for Action*, The Urban Institute, June 2013.

² Stambaugh, L.F., Ringeisen, H., Casanueva, C.C., Tueller, S., Smith, K.E., & Dolan, M. (2013). *Adverse childhood experiences in NSCAW*. OPRE Report #2013-26. Washington, D.C: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Appendix 1

DID YOU KNOW?
 There is health care and tuition help that you can get as a foster youth. **IT IS ALL YOURS.** Your doctor bills can get covered and so can your college tuition. Read this card to find out if you qualify.

HEALTH CARE
BEGINNING JANUARY 1, 2014:
 Former foster youth will be eligible for full health coverage regardless of income.

REQUIREMENTS:

1. You must be under age 26.
2. You must have aged out of the foster care system.

OVER AGE 26?

1. If you **earn less than \$15,856** a year, Maryland will continue to cover your insurance through Medicaid.
2. If you **earn more than \$15,856** a year, you can sign up for commercial insurance on the Maryland Health Connection.

NEED HEALTH SERVICES NOW?

APPLY FOR THE PRIMARY ADULT CARE PROGRAM (PAC).
 This basic program covers primary care doctor visits, prescriptions, and family planning services as well as mental health and substance abuse treatment.

REQUIREMENTS:
 You must be over 18 years old and **earning less than \$13,328** a year.

NOTE: Everyone currently enrolled in PAC will be moved into the full Medicaid benefit program in January 2014.

ENROLLMENT
 Contact your local health department to enroll in the Primary Adult Care Program **now.**

- Apply for full Medicaid benefits through your local health department or the Maryland Health Connection or local DSS office. There is no set period for enrollment.
 - Call the Medicaid Customer Service line at 1-800-492-5231 for help.
- Open enrollment for commercial insurance through the Maryland Health Connection starts on **October 1, 2013** and closes **March 1, 2014.**
- In-person, on-line and call center assistance are available for you or anyone who applies for coverage through the Maryland Health Connection.
 - Call 1-855-642-8572 or 1-855-642-8573 for TTY, Monday to Friday, 8 a.m. to 6 p.m. or scan the QR code to link to: www.marylandhealthconnection.gov for a list of organizations that can help you with questions or enrollment.
 - Make sure to indicate if you were in foster care.

www.marylandhealthconnection.gov

IT'S ALL YOURS, YEP!

COLLEGE AND VOCATIONAL TUITION

FREE TUITION FOR UP TO 5 YEARS AFTER ENROLLING AT A PUBLIC, STATE INSTITUTION FOR:

- You graduated high school or
- You completed your GED or
- You were adopted or placed into guardianship, after the age of 13 or
- You are the younger sibling and in the same family with someone who was adopted or placed into guardianship after the age of 13

FREE TUITION FOR UP TO 5 YEARS AFTER ENROLLING AT A PUBLIC, STATE INSTITUTION FOR:

- A vocational certificate
- An Associate's degree
- A Bachelor's degree

APPLYING FOR FREE TUITION BENEFIT

- Complete the Free Application for Federal Student Aid (FAFSA) by March 1st each year.
 - Make sure to fill out all sections about foster care to get your tuition covered.
- Use it or lose it. This only applies before your 25th birthday.

ADDITIONAL HELP

Voluntary Placement for Former Children in Need of Assistance (CINA):

Do you need help accessing housing or other services? If your CINA case closed when you were 18-20.5 years old, and you meet certain criteria, you can enter a voluntary placement agreement with the Department of Social Services. This agreement will give you access to supportive services up to age 21, a lawyer and court oversight to ensure your needs are being met.

Need code

www.marylandhealthconnection.gov

ADVOCATES FOR CHILDREN AND YOUTH
www.acy.org

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 Advocate for Children and Youth