**CENTERS FOR MEDICARE AND MEDICAID SERVICES**

**Guidance for Submission of Section 1115 Medicaid Demonstration Applications for Coverage of Former Foster Care Youth – States that Provide Medicaid Coverage under the New Adult Group**

For states that provide Medicaid coverage under the new adult group and choose to submit a section 1115 Medicaid demonstration application to cover former foster care youth who currently reside in a different state than the state in which they were in foster care as of age 18 or when they “aged out” of foster care, the following are the application elements that should be included in the state's application as required by federal transparency requirements outlined in 42 CFR 431.412.

1. **General Description.** The state will indicate that the purpose of this demonstration is to provide coverage to former foster care youth who currently reside in a different state than the state in which they were enrolled in Medicaid and in foster care as of age 18 or when they “aged out” of foster care. The expected impact of the demonstration is that the state will increase and strengthen overall coverage of former foster care youth and improve health outcomes for these youth.
2. **Expenditure Authorities.** The state will indicate that it will not need to request any expenditure authority to provide Medicaid coverage under the new adult group.
3. **Waiver Authorities.** The state will submit an eligibility State Plan Amendment (SPA) to cover the group for youth above 133 percent of the federal poverty level (FPL) and requests waivers of sections 1902(a)(8) and 1902(a)(10), to limit this state plan group coverage to former foster care youth who were in Medicaid and foster care in a different state. The waiver authority is necessary to allow the state to provide coverage to only these individuals.

*To the extent necessary to permit the state to limit the provision of medical assistance (and treatment as eligible) for individuals described in the eligibility group under 1902(a)(10)(A)(ii)(XX) and the state plan to former foster care youth who are under 26 years of age, were in foster care under the responsibility of another state on the date of attaining 18 years of age or such higher age as the state elected, and were enrolled in Medicaid [on that date/at any time while in such foster care].*

1. **Eligibility.** The state will indicate that it proposes to cover former foster care youth who were in foster care under the responsibility of another state, and enrolled in Medicaid [on that date/while in such foster care].
2. **Benefits and Cost Sharing.** The state will indicate that former foster care youth will receive the standard Medicaid benefit package offered under the Medicaid state plan (and they will be subject to the standard cost sharing imposed under the Medicaid state plan. The state is not proposing any changes to benefits or cost-sharing.
3. **Delivery System.** States will identify whether the delivery system is fee-for-service (FFS) or managed care and the total estimated number of former foster care youth to be covered.

An estimated **\_\_** former foster care youth who were in foster care under the responsibility of a different state, and enrolled in Medicaid while in foster care will receive benefits via FFS.

An estimated **\_\_** former foster care youth who were in foster care under the responsibility of a different state, and enrolled in Medicaid while in foster care, will receive benefits through a the same managed care delivery system described in the state’s approved 1915(b) waiver/ section 1115 demonstration.

1. **Financial Data.** The state will submit an estimate of annual enrollment and annual aggregate expenditures for the demonstration population.
2. **Evaluation.** The state will submit research hypotheses, and a plan for testing these hypotheses, aimed at evaluating the extent to which the demonstration increases and strengthens overall coverage of former foster care youth and improves health outcomes for these youth. *Please contact CMS for further technical assistance on the evaluation design.*
3. **State Contact.** Please provide the contact information for the state’s point of contact(s) for the demonstration application.