**CENTERS FOR MEDICARE & MEDICAID SERVICES**

**Guidance for Submission of Section 1115 Medicaid Demonstration Applications for Coverage of Former Foster Care Youth – States that Do Not Provide Medicaid Coverage under the New Adult Group**

For states that do not 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 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 request the following expenditure authority:

*Expenditures for full Medicaid state plan benefits for former foster care youth who are under age 26, were in foster care under the responsibility of a state or tribe from any state on the date of attaining 18 years of age or such higher age as the state has elected, and were enrolled in Medicaid [on that date/at any time while in foster care].*

1. **Waiver Authorities.**  States will indicate that waiver authorities are not applicable because the states will request section 1115(a)(2) expenditure authority to cover these youth.
2. **Eligibility.** The state will indicate that it proposes to cover former foster care youth who were in Medicaid and in foster care in another state.
3. **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.
4. **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 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 for the life of the demonstration. The costs will be treated as “pass-through” costs for purposes of budget neutrality.
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.