



CMS All-State SOTA Call

**Ensuring Access to Medicaid Coverage for
Former Foster Care Youth**

**Thursday, June 1, 2017
1:30 pm – 3:00 pm (EST)**

- **Focus on Former Foster Care Youth**
- **Medicaid Eligibility for Former Foster Care Youth**
- **Applications, Determinations and Renewals**
- **Appendix**

Focus on Former Foster Care Youth

Foster Care Youth Are a High-Risk Population and More Likely to be Uninsured

The foster care population is **less than .6%** of the total population under age 18

>50%

of children in foster care received at least one outpatient mental health service

14%-20% of children in the general population have mental, emotional, and behavioral disorders



Former foster care youth are more likely to:

- Be uninsured
- Have complex health issues
- Face social and economic crises that compound health needs

There are **~428,000** youth in the foster care system

The rate of uninsurance among foster care youth is **2%-5%***



~20,000 youth age out of foster care each year



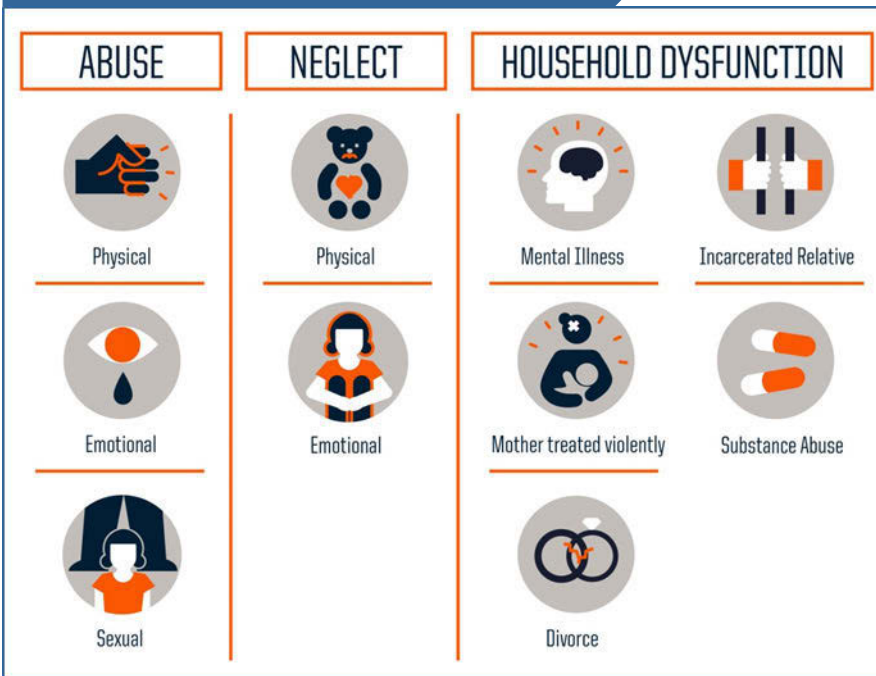
The rate of uninsurance among *former* foster care youth at age 19 is **16%-53%***

**Based on regional and state studies; national data not available*

Former Foster Care Youth Are More Likely to Have Complex Health Issues

Foster care children frequently experience adverse childhood experiences (ACEs) that are linked to poor physical health and lifetime health problems

Three types of ACEs



Source: Robert Wood Johnson Foundation

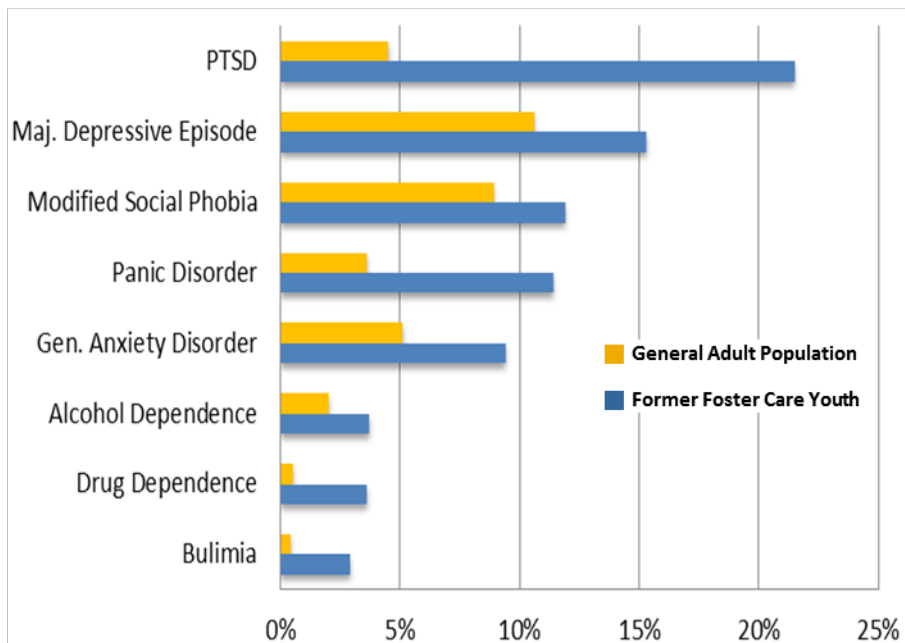
ACEs increase the risk of various health problems later in life, including:

- Severe obesity
- Diabetes
- Heart disease
- Cancer
- Stroke
- Chronic Obstructive Pulmonary Disease (COPD)
- Broken bones

Former Foster Care Youth Face Social and Economic Crises that Compound Health Needs

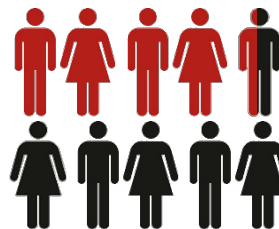
Former foster care youth have a higher risk of **substance abuse, behavioral health issues, homelessness** and **justice involvement**

Substance Abuse and Mental Health Disparities



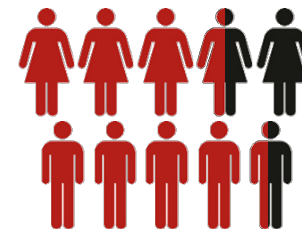
Homelessness

43% of former foster care youth report experiencing homelessness by age 21, often multiple times



Justice Involvement

A majority of former foster care women and more than four-fifths of former foster care men reported ever having been arrested



Medicaid Coverage for Former Foster Care Youth Can Help Mitigate and Even Prevent Health and Social Crises



Access to healthcare for former foster care youth can address ongoing health needs and prevent more costly conditions; important health services include:

- Behavioral health services
- Family planning services
- Prescription drugs
- Preventive care



Continuous Medicaid coverage during a transitional period can prevent health crises, which may help to:

- Prevent homelessness
- Reduce employment barriers
- Eliminate barriers to education



The high risk for homelessness and social and behavioral crises complicates outreach to and enrollment of former foster care youth

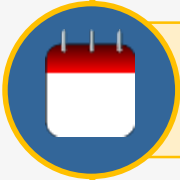
Medicaid Eligibility for Former Foster Care Youth

The Former Foster Care Group Facilitates Access to Health Coverage

The Medicaid group for former foster care youth covers young people who are transitioning from the foster care system to independent adulthood.



Eligibility for the former foster care group does not include an income test



Eligibility extends to former foster care children who aged out prior to January 1, 2014



Annual renewal for the former foster care group can often be accomplished administratively because there is no income test



States have the option to provide presumptive eligibility*



Eligibility for the former foster care group aligns with the requirement that private insurers provide dependent coverage up to age 26

** As of December 2016, five states allow for presumptive eligibility for the former foster care group: IN, IA, MT, OH, and WV.*

Eligibility Requirements and State Plan Options: Former Foster Care Group

Basic Requirements

States must provide coverage to individuals who meet the following criteria:

- Under age 26
- Not eligible for and enrolled in other mandatory Medicaid coverage group*
- Aged out of foster care within the State at age 18 or such higher age as the State or Tribe extends foster care
- Enrolled in Medicaid within the State at the time of age-out

State Plan Option

Placed by the State or Tribe into foster care in another state and, while in such placement, enrolled in the other state's Medicaid program

State Plan Option

Enrolled in Medicaid at **any time** during the period of foster care

*Individuals eligible for both the former foster care group and the adult group should be enrolled in the former foster care group.

Waiver Option: Coverage of Former Foster Care Youth from Another State

States that wish to provide coverage to former foster care youth from other states may do so through a section 1115 demonstration project

- November 2016 final rule clarified that states that wish to provide coverage to former foster care youth who aged out in a different state must pursue waiver rather than state plan authority
- 14 states¹ provided such coverage under their state plan in 2016 and must transition to a section 1115 demonstration to continue coverage
- States seeking to provide new coverage to former foster care youth from other states may also request section 1115 waiver authority²

Expansion states can receive enhanced FMAP for coverage of former foster care youth from other states

- Former foster care youth who aged out of foster care in a different state:
 - Are eligible for the adult group with the enhanced FMAP, if they have income at or below 133% of the FPL; or
 - May be covered under the optional eligibility group described at section 1902(a)(10)(A)(ii)(XX) of the Social Security Act, if they have income above 133% of the FPL. A section 1115 waiver would authorize the state to limit this eligibility group to former foster care youth.
- See November 2016 CMCS Informational Bulletin for more information: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib112116.pdf>

¹ CA, GA, KY, LA, MA, MI, MT, NM, NY, PA, SD, UT, VA, and WI

² CMCS Informational Bulletin: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib112116.pdf>

CMS Waiver Guidance: <https://www.medicaid.gov/medicaid/section-1115-demo/how-states-apply/index.html>

Optional Chafee Group Covers Individuals Ineligible for the Former Foster Care Group

The former foster care group does not completely subsume or replace the optional Chafee group

The Chafee Foster Care Independence Act of 1999

States have the option to cover former foster care youth under the Chafee option, which has eligibility criteria that allow for:



Coverage of foster kids from other states



No income limit or coverage below a certain limit



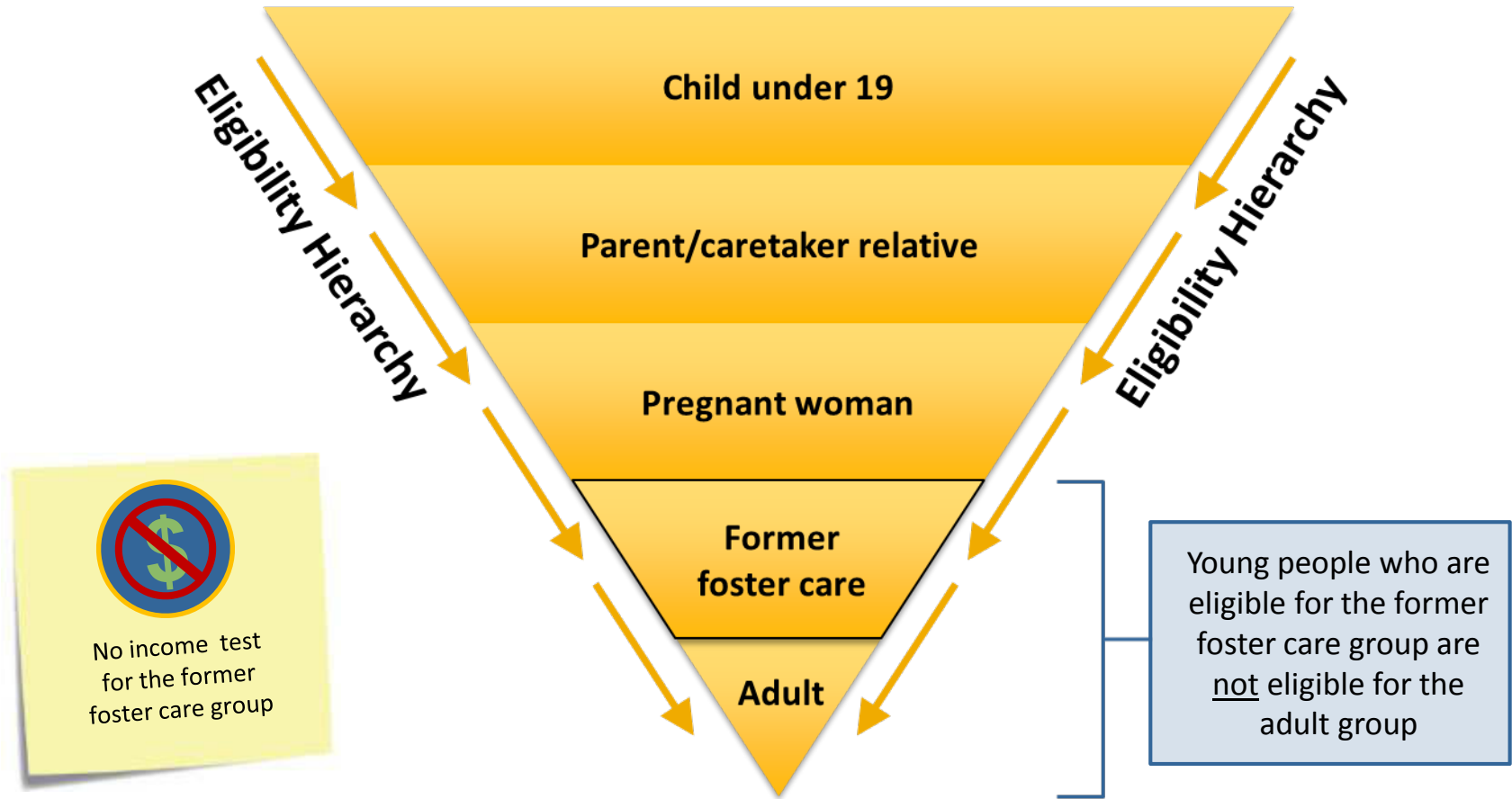
No requirement of prior Medicaid coverage

	Mandatory Former Foster Care Group	Optional Chafee Group
Eligible Former Foster Care Youth	Individuals who aged out of IV-E or non-IV-E funded foster care	Individuals who were in IV-E or non-IV-E foster care when they turned 18
Previous Medicaid Enrollment	Must have been enrolled in Medicaid when they aged out of foster care or, at state option, at any point while in foster care	Not required
Max eligible age	26	19, 20, or 21 (state option)
Income limit	None	States may apply an income limit, but it is not required
Residency	<ul style="list-style-type: none"> Coverage mandatory if aged out of foster care in the state in which they are applying for coverage Under SPA authority, states may provide coverage to youth that were placed by the state into foster care in another state and enrolled in that state’s Medicaid program Under waiver authority, states may provide coverage to youth that aged out in a different state 	Not required to have been in foster care in the same state in which they are applying for coverage

Sources: <https://aspe.hhs.gov/sites/default/files/pdf/76721/rpt.pdf>; CMS FAQ (2013), <https://www.medicaid.gov/state-resource-center/downloads/medicaid-and-chip-faqs-coverage-of-former-foster-care-children.pdf>

Former Foster Care Youth Could Be Eligible for Medicaid Under Multiple Eligibility Groups

Individuals eligible for other mandatory MAGI eligibility groups – other than the adult group – are not eligible for the former foster care group





Applications, Determinations and Renewals

Best Enrollment Practices: District of Columbia

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- Manual, paper-based information transfer
 - Foster care worker populates and sends to State Medicaid agency a form that includes name, DOB, date the individual entered into foster care, and date they are leaving foster care
 - The form is used to close out the individual's foster care eligibility and activate eligibility for the former foster care group
 - State Medicaid workers created the transfer form that facilitates information transfer between the two agencies
- Foster care workers collaborate daily with State Medicaid workers and other Department of Health Services divisions

- Enrollment in the Medicaid former foster care group: 2,500 (~20,000 in foster care)
 - Automated, systems-based enrollment at age-out
 - Foster care system identifies an individual when they are aging out, initiating an interface with the State's Medicaid eligibility and enrollment system
 - Benefit management system automatically transitions the individual to the former foster care group
- When the former foster group was implemented, Colorado did a mass data sweep to identify all individuals who were eligible for the new group; ~2,000 individuals were enrolled through that effort



There Are Two Determination Pathways for Former Foster Care Youth

Pathway: Aging Out of Foster Care

Individual is aging out of foster care and is being enrolled in the former foster care group as part of that transition



Individual is already covered under Medicaid



Individual must be transferred into new coverage group

Pathway: New Application After Age-Out

Individual is under age 26, has already aged out of foster care, and is submitting a new Medicaid application



Individual is eligible for but not enrolled in Medicaid



Individual must be evaluated for coverage anew

Aging Out of Foster Care: Preventing Coverage Gaps

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States may not terminate Medicaid eligibility at foster care age-out without determining eligibility for all other eligibility groups




Automatically transitioning individuals to the former foster care group may minimize burden on both beneficiaries and states



If automated transition is not possible, a manual process, which may involve a foster care caseworker, is acceptable

Rules

- Based on available information, state determines individual eligible for appropriate mandatory group (child, parent, pregnant woman, former foster care youth).  Transfer to mandatory group without interruption in Medicaid coverage or need to submit additional information. If coverage under another group might be advantageous (such as the group for pregnant women with enhanced pregnancy-related benefits), provide notice and opportunity for individual to provide needed information.
- Whether an automatic or manual process is used, the beneficiary must be informed of any change. Confirming contact information during the foster care transition planning process will ensure that the beneficiary receives this important information.

Aging Out of Foster Care: Determining Eligibility

At age-out, determinations are made based on information provided by child welfare system and other electronic resources



Step 1: Information Transfer → Step 2: Determination → Step 3: Enrollment

Child welfare agency provides information to Medicaid agency

Medicaid agency uses information from child welfare agency or other information available to the Medicaid agency to check eligibility for mandatory groups under eligibility hierarchy

Enroll in appropriate mandatory group for which eligibility can be determined based on available information



- Questions regarding the transition out of foster care, including the age at which a person ages out of foster care, should be directed to the state child welfare agency.
- Title IV-E/B agencies are required to assist and support foster care youth in developing a transition plan before the youth ages out that addresses health insurance coverage.

Aging Out of Foster Care: Determining Eligibility



Step 1: Information Transfer

Step 2: Determination

Step 3: Enrollment

Child welfare agency provides information to the Medicaid agency through two potential pathways:



System-based information transfer

- With worker touch (IA); or
- Without worker touch (CO, ID)



Manual, paper-based information transfer

(DC, OH, WV)

Step A: Child welfare data system flags record at age-out

Step B: Child welfare data system initiates data transfer to State Medicaid eligibility and enrollment system to do determination

Data transferred: Name, DOB, SSN, last known mailing address, former foster care and Medicaid enrollment status; note if pregnant or a parent

Step A: As part of age-out transition process, a child welfare caseworker populates a data transfer form

Step B: Child welfare caseworker sends completed form to the Medicaid agency to do determination

Data transferred: Name, DOB, SSN, last known mailing address, former foster care and Medicaid enrollment status; note if pregnant or a parent

Data transferred is the same regardless of pathway

Aging Out of Foster Care: Determining Eligibility



Step 1: Information Transfer


Step 2: Determination


Step 3: Enrollment

Use information provided by child welfare agency or otherwise available to the Medicaid agency (e.g., electronic data sources or other case records) to determine eligibility for all groups, following the eligibility hierarchy.

If pregnant or a parent, and income information is available, check data sources to verify income in accordance with the state's verification plan:

 If income eligible for the **parent or pregnant women group**, enroll in that group

 If income ineligible for the parent or pregnant women group, enroll in the **former foster care group**

 If income information is incomplete or unverified for the parent or pregnant women group, enroll in the **former foster care group** and, if coverage in another group might be beneficial, provide notice and opportunity for individual to provide additional information

If individual is not a parent or pregnant, enroll directly into the **former foster care group** without verifying income

Aging Out of Foster Care: Determining Eligibility



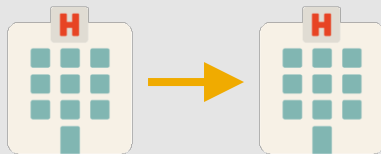
Step 1: Information Transfer

Step 2: Determination

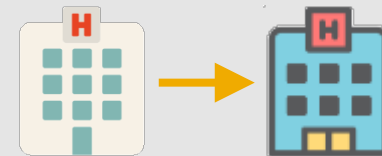
Step 3: Enrollment

If eligible for the former foster care group, either:

- 1) Continue in the same Medicaid delivery system that foster care children are enrolled in (i.e., fee-for-service or managed care)



- 2) Change individual's Medicaid delivery system (e.g., move from fee-for-service to managed care)



- Former foster care youth changing delivery systems must learn how to navigate a new system
- Additional assistance should be provided to ensure continuity of care, including picking a health plan and finding a provider



New Application After Aging Out: Determining Eligibility

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Application and determination for former foster care youth that have already aged out mirror standard Medicaid applications and determinations



Step 1: Application



Step 2: Determination



Step 3: Enrollment

Complete the single, streamlined application online, by telephone, in person, or by mail

Medicaid agency uses available information to check eligibility for mandatory groups under eligibility hierarchy

Enroll in appropriate mandatory group for which eligibility can be determined based on available information

New Application After Aging Out: Determining Eligibility

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Step 1: Application

Complete the single, streamlined application online, by telephone, in person, or by mail

Application Questions of Particular Relevance to Former Foster Care Youth

8. Are you pregnant?

15. Do you live with at least one child under the age of 19, and are you the main person taking care of this child?

18. Were you in foster care at age 18 or older?

Applicants applying on their own (i.e., without other household members) that answer “Yes” to the former foster care question and are neither pregnant nor a parent may be enrolled in the former foster care group without providing additional information. States are not required to pursue income information.

If income information is provided, or is needed for other household members, an eligibility determination for former foster care youth is not delayed while awaiting additional information or verification.

Step 2: Determination

STEP 2: PERSON 1 (Start with yourself.)

Complete Step 2 for yourself, your spouse/partner and children who live with you, and/or anyone on your same federal income tax return if you file one. See page 1 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

1. First name Middle name Last name Suffix

2. Relationship to PERSON 1? SELF 3. Are you married? 4. Date of birth (mm/dd/yyyy) 5. Sex Male Female

6. Social Security Number (SSN)

* We need a Social Security number (SSN) if you want health coverage and have an SSN or can get one. We use SSNs to check income and other information to see who's eligible for help paying for health coverage. If you need help getting an SSN, visit socialsecurity.gov, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

7. Do you plan to file a federal income tax return NEXT YEAR? You can still apply for coverage even if you don't file a federal income tax return.

a. Will you file jointly with a spouse? b. Will you claim any dependents on your tax return? c. Will you be claimed as a dependent on someone's tax return?

8. Are you pregnant? 9. Do you need health coverage? Even if you have coverage, there might be a program with better coverage or lower costs.

10. Do you live with at least one child under the age of 19, and are you the main person taking care of this child?

12. Are you a naturalized or derived citizen? (This usually means you were born outside the U.S.)

13. If you aren't a U.S. citizen or U.S. national, do you have eligible immigration status?

14. Do you have any children under the age of 19, and are you the main person taking care of this child?

15. Do you live with at least one child under the age of 19, and are you the main person taking care of this child?

16. Tell us the names and relationships of any children under 19 that live with you in your household:

17. Are you a full-time student? 18. Were you in foster care at age 18 or older?

Optional: 19. If Hispanic/Latino, ethnicity: 20. Race:

New Application After Aging Out: Determining Eligibility

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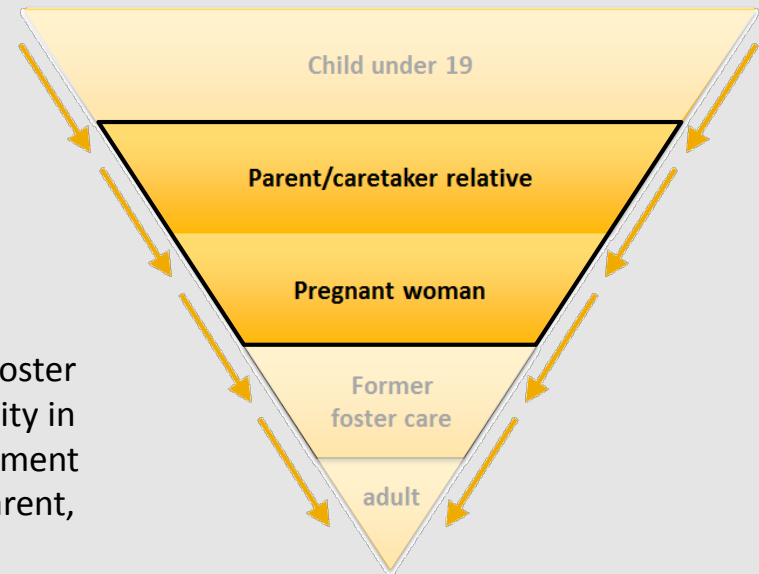
Step 1: Application

Step 2: Determination

Step 3: Enrollment

Check eligibility for all groups, following the eligibility hierarchy

- If pregnant or a parent, and income information is provided or available from other state sources, verify income
 - *If able to do real-time verification:* Check data sources to verify income and enroll in appropriate eligibility group
 - *If unable to do real-time verification:* Enroll in the former foster care group, then verify income and other factors of eligibility in accordance with the state's verification plan; if post-enrollment verification indicates eligibility as a pregnant woman or parent, transfer to appropriate eligibility group



New Application After Aging Out: Determining Eligibility

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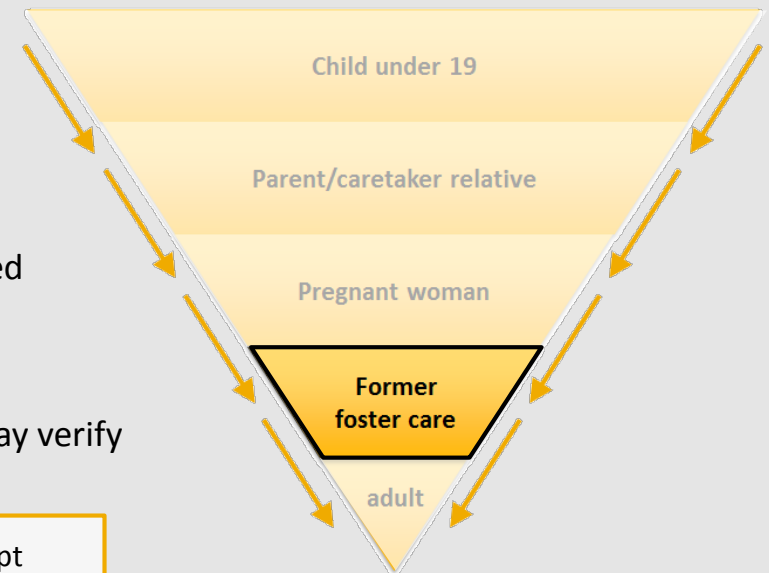
Step 1: Application

Step 2: Determination

Step 3: Enrollment

Information needed to determine former foster care and Medicaid enrollment status:

- States may accept attestation for both former foster care and Medicaid enrollment status
- States that enroll all foster care children (including state-funded foster care children) in Medicaid may assume that applicant indicating former foster care status was enrolled in Medicaid
- States that do not enroll all foster care children in Medicaid may verify Medicaid enrollment from state Medicaid database



- States that do not accept attestation of former foster care status can accept attestation with post-enrollment verification, or verify against information provided by the applicant prior to determination
- States that extend former foster care eligibility to individuals that aged out in a different state may accept attestation or verify against information provided by the applicant or the other state



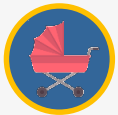
Most Former Foster Care Group Beneficiaries Remain Eligible Until Age 26

The annual renewal process is simplified for beneficiaries in the former foster care group.

Nearly all individuals in the former foster care group remain eligible until age 26 unless they move out of state or become pregnant or a parent/caretaker relative, and the state determines them to be eligible on that basis.



Moving out of state would end Medicaid eligibility for former foster care group beneficiaries unless the absence is temporary



Becoming pregnant or a parent could make a former foster care group beneficiary eligible for the pregnant women or parent group, depending on income

- ❖ **If state does not have income information, maintain former foster care enrollment**
- ❖ If coverage in another group might be beneficial, provide notice and opportunity for individual to provide additional information
- ❖ Eligibility group change does not impact benefits or state matching rate

To renew coverage:

- Complete an ex parte redetermination based on available information
- No income test is required
- States may assume no change in pregnancy, citizenship/immigration status, or residency unless the beneficiary reports a change

Former Foster Care Youth Should Be Evaluated for Other Eligibility Groups at Age 26

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- Prior to determining former foster care youth ineligible for Medicaid at age 26, states should use available information to evaluate eligibility for coverage on all other bases
- If available information is insufficient to determine ongoing eligibility, states must request additional information

Access information

Use information available to the agency either in beneficiary's account or accessible databases to determine eligibility for Medicaid/CHIP

If information is sufficient to determine eligibility:

- Enroll the individual in the new group without requiring further action by the beneficiary
- Send eligibility determination notice

If information is insufficient to determine eligibility:

- Contact the beneficiary to obtain additional information
- Validate updated information provided by the beneficiary against data sources and evaluate eligibility for all groups

Individuals determined ineligible for Medicaid must be transferred to the Marketplace

If eligible for Medicaid:

Send eligibility determination notice explaining eligibility determination

If ineligible for Medicaid:

Send notice and determine potential Marketplace eligibility; send advance notice of termination and transfer information for Marketplace eligibility determination

THANK YOU!

Let us know if you have any updates to your contact information or would like more information on Coverage LC meetings.

Contact: MACLC@mathematica-mpr.com

Appendix: Maximizing Opportunities for States

States Can Access Enhanced Match to Support Automated Enrollment

90%

Federal Funding

States are encouraged to access enhanced federal funding for Medicaid eligibility and enrollment systems to support automated systems

10%

Non-Federal Funding

75%

Federal Funding

Enhanced funding is available for maintenance and operation of systems that were built using enhanced 90/10 funding

25%

Non-Federal Funding

Enhanced match can be used to develop interface with child welfare systems and to improve eligibility renewal process

Strategies to Increase Former Foster Care Enrollment and Improve Outcomes

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Indiana recently enacted statute, effective 7/1/17, to improve Medicaid coverage rates for former foster care youth

Establish Effective Collaboration Between Medicaid and Child Welfare

An ongoing collaborative effort by state child welfare and Medicaid agencies will help ensure a high percentage of former foster care youth enroll in Medicaid.



Child welfare workers in West Virginia work with Medicaid to complete a Medicaid application for foster care youth one month prior to age out.



Indiana requires county Medicaid offices to work with the child welfare agency to enroll former foster care youth into Medicaid prior to aging out.

Automate Enrollment and Recertification

- States are encouraged to establish automatic enrollment into the former foster care group for eligible individuals.
- States are encouraged to design an interface between the Medicaid and child welfare data systems, so that Medicaid can identify when a youth has aged out or the child welfare agency would know when to initiate enrollment in the former foster care group.



Colorado's foster care system automatically identifies foster care youth who are aging out and initiates an automated interface with the State's Medicaid E/E system. The benefit management system then automatically turns on Medicaid eligibility.



Indiana Medicaid workers may not require additional eligibility information from former foster care youth while eligible for and enrolled in the former foster care group.

Educate Foster Care and Former Foster Care Youth on Using Their Coverage

State Medicaid and child welfare agencies should collaborate on educating youth about the importance of using their coverage and maintaining coverage during the renewal process.



Through Iowa's Aftercare Services Program, a self-sufficiency advocate helps youth develop health, education, employment, and relationship goals.



Foster care transition plans in Indiana must also include information on Medicaid eligibility and enrollment.

Train Administrators and Front-Line Staff

States are encouraged to train all Medicaid and child welfare staff on coverage for former foster care youth.

Strategies for Reaching Former Foster Care Youth Not Already Enrolled in Medicaid

High rates of homelessness and relocation are a challenge to maintaining coverage for former foster care youth.

- **Train Providers**

Train health and social service providers so they are aware of the availability of Medicaid for former foster care youth. This includes providers working in mental health and substance use disorder treatment, nutrition, anti-poverty programs, and with homeless or justice-involved populations.

- **Build Medicaid Into Transition Planning**

Medicaid enrollment and information about maintaining enrollment and accessing care are an important part of all transition plans during the age-out process.

- **Run Monthly Data Matches**

Monthly data matches between child welfare and Medicaid data systems can be used to identify individuals under the age of 26 who have aged out of foster care and are not enrolled in Medicaid.

- **Use Social Media**

Social media and other youth-oriented outreach channels can ensure that former foster care youth are aware of their Medicaid eligibility. Outreach should include information about connecting to physical and behavioral health services, as well as social services that may help prevent homelessness and justice involvement.

Appendix: Project Methodology

Methodology: Regulatory Analysis, Stakeholder Interviews and Research Review

- Analysis of federal statute, regulations, and sub-regulatory guidance on eligibility and enrollment for the former foster care group
- Review of available research into the role of Medicaid coverage and access to care for the former foster care population
- Working session with the Administration for Children and Families (ACF) on the physical and behavioral health needs of foster care youth as they transition out of foster care and beyond
- Interviews with state Medicaid and child welfare agencies to discuss Medicaid determination and enrollment practices for former foster care youth

Key Takeaways



Foster care transition plans should include guidance on the importance of primary and preventive healthcare



Partnerships between state child welfare and Medicaid agencies are essential



A defined Medicaid enrollment process at age-out can prevent a child from “falling through the cracks”



For those who are not actively engaged with their caseworkers at age-out, such as runaway youth, targeted outreach strategies and a simplified application process can provide critical access to the health care system

Interviews with State Medicaid and Child Welfare Agencies

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Colorado



District of Columbia



Idaho



Iowa



Ohio



West Virginia

Topics of Discussion with States

- Medicaid eligibility for foster care and former foster care youth
- Enrollment levels in the former foster care group
- Eligibility determination and enrollment processes
 - ✓ When an individual ages out of foster care
 - ✓ After an individual has aged out of foster care and is submitting a new Medicaid application
 - ✓ Renewing enrollment in the former foster care group
 - ✓ Redetermining eligibility at age 26
- Collaboration between state Medicaid and child welfare agencies