

## Making Improvements to the “Former Foster Youth” Medicaid-To-Age-26 Eligibility Category



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**Issue:** Youth aging out of foster care are transitioning to adulthood often on their own, leaving them to sort through what can be an intimidating health care enrollment process at the same time they're trying to figure out many other major life decisions. Because of this, these vulnerable youth, who are more likely to have health issues and less likely to have health insurance or seek health or mental health treatment, may not have access to adequate healthcare, or they may experience interruptions in coverage that their health care needs just cannot afford.

**Solution:** The Department of Medical Assistance Services and the Department of Social Services will develop a set of reforms for former foster youth, both at the point they “age out” of foster care and at any enrollment point between ages 18-26, ensuring seamless, accessible health coverage for these youth.

### Supporting Points:

- Youth who “age out” of foster care at age 18, no matter in which state, are extremely vulnerable to outcomes such as: unemployment, homelessness, increased health issues, and teen/early pregnancy. These are youth who have not been connected to permanent family and often must navigate the transition to adulthood on their own.
- Youth who “age out” of foster care have higher incidences of health care needs, and more chronic health care conditions, than their peers not in foster care. Continuity of coverage is especially critical for these youth. Recent data showed the two most common drugs prescribed to older youth in foster care were ADHD meds and Mood Stabilizers. For the general population, the top two prescriptions were for antibiotics and antihistamines.
- Youth who “age out” of foster care but have no access to services—compared to their peers who do—are less likely to have health insurance and less likely to seek treatment for both physical and mental health issues. (Chapin Hall, Midwest Study)
- The Jim Casey Foundation estimates “the cost of doing nothing” for youth who “age out” of foster care at approximately \$300,000 per youth in community costs, additional public welfare payments, lost tax revenue (especially from unemployment) and criminal justice costs. Ensuring that one critical service—health care—is seamless for these youth could help to avoid some of these state and taxpayer-funded expenses.
- Several states have already implemented many of these reforms, with approval from CMS, or are moving forward with a plan to do so, including California and Nebraska.

**This is one small step we can take to help protect foster youth aging out of care--youth who are often facing many complicated decisions at a young age and without strong adult connections to help them navigate their needs. Ensuring they have access to health care will help provide them with continuity of care that these youth need.**

## **State Reforms to “Medicaid to 26” eligibility for Former Foster Youth**

The mandated ACA eligibility provision for former foster youth became effective January 1, 2014, and immediately applied retroactively to any youth under age 26 who met criteria. The effective date in Virginia of the “out of state option” provision was July 1, 2014.

The eligible population of youth for this category should roughly equate to the number of youth who have aged out of foster care at 18 since 2008, or approximately 4850 youth, about 500 of whom “aged out” in 2014. Current data show only approximately 504 youth enrolled in this category.

### ***For Youth About to “Age Out” of Foster Care at 18 (or such higher age as Va. sets)***

- “auto-enrollment” into the FFY category upon aging out
  - Will ensure seamless coverage
  - Education/consent can be gained during 90-day transition planning
  - SWs can serve as a manual check at case-closing
  - system algorithm can filter out other categories like long-term care
  - Eligibility hierarchy above FFY category only applies to “known” information. FFY category can be used *unless* higher eligibility is known. CMS working w/states.

### ***For Youth Coming Back Into Coverage Post-Aging Out, but Under Age 26:***

- Self-Attestation & simplified verification using data systems
- Simplified enrollment form (California using a one-page form)
- Ability to request help working through the application

### ***For All:***

- Simplified annual verification that places no burden on youth
- Youth are held eligible *unless* information re: ineligibility becomes known
- If information is no longer accurate or materially incomplete, then a simplified redetermination form
- Youth are not disenrolled based on lack of contact; all due process in place
- Education package for youth explained by DSS staff on Medicaid, what is available to them, processes for maintaining enrollment
  - For youth aging out, this can be done during 90-day transition
  - For youth coming back in, via outreach & when youth contact LDSSs
- If youth ever decline enrollment, then notice explaining rights & process to reapply (for this category) anytime before age 26

### ***Data:***

Annual report on 1) # of youth eligible for the category; 2) # of youth currently enrolled in category; 3) # of youth enrolled from state of origin other than Virginia