



Health Care for Former Foster Youth Campaign: The Need for Coordinated Implementation



“I could have lost my health care if I had left New York to go to Texas for a surgery that I needed. Losing my health care could have jeopardized all of my hard work and progress toward earning my college degree.”

— Cody Rivera, FosterClub
Young Leader
Spent 12 years in New York’s
foster care system

Issue Overview

Being healthy and having health care are essential to a successful transition to adulthood. Society, and our laws, have come to recognize this. Under federal law, youth are able to remain on their parent’s insurance until age 26. Similarly, Medicaid provides coverage for qualifying youth who age out of foster care until they reach age 26, creating the eligibility category of Former Foster Youth (“FFY”). Policymakers recognized foster youth exiting care at age 18 or older should also have access to health care and that having health insurance was vital for that access to be a reality.

Youth exiting care often don’t have the emotional or financial support of a family. Legislation allowing qualifying former foster youth to retain Medicaid coverage until 26 became effective January 1st, 2014 as a part of the Affordable Care Act (ACA). This coverage is available to young people regardless of their income. The law seeks to ensure that all youth leaving foster care have health insurance they can rely on and access to care that will allow them to flourish in the adult world. Access to health care is vital because it allows youth to focus on their future without fear and uncertainty and address treatment needs that may pose barriers to their success.

Providing Medicaid to former foster youth until age 26 is a wise social policy that shows how we value youth and the investment we want to make in their future. This Campaign seeks to enlist youth, stakeholders and advocates in ensuring that all former foster youth have health insurance and access to high quality health care at least until age 26.

Implementation Challenges

While the ACA created eligibility for insurance coverage for former foster youth, implementation of the provision has varied widely from state to state. In some areas, transition age foster youth are not aware of the provision and the enrollment process can be difficult to navigate. Some states do not provide seamless enrollment and require youth to re-apply when they leave foster care. In addition, the renewal processes have not been fine-tuned in all states, resulting in coverage losses for some eligible young people even when they are categorically eligible. Because federal guidance does not mandate that states cover youth who were in foster care in another state, young people, who often are quite mobile, risk losing the benefit of this provision simply because they move. Finally, since this provision impacts a small portion of Medicaid users, Medicaid staff, application assisters, and professionals are often unaware of the provision, creating unnecessary barriers, or providing misinformation to youth trying to access coverage.

Implementation Focus Areas

National advocates recognize the need for improved implementation strategies so that all eligible young people are enrolled and stay enrolled in Medicaid. State child welfare and Medicaid agencies staff have identified the need for technical assistance, best practice implementation examples and a platform for information sharing. In partnership, advocates and state stakeholders are endeavoring to meet these needs. The following 7 focus areas have been identified as key to effective implementation. The Campaign seeks to support stakeholders to improve policy practice in the following areas so that effective implementation can be a reality for young people across the country.



“Foster youth face incredible adversities throughout their lives, many of which begin after they turn 18 and grow out of the child welfare system. I’m proud of this body’s resolve to address this issue and fix this incredibly harmful misinterpretation. Especially as we address the opioid epidemic, we must consider the importance of coverage for this vulnerable population.”

— U.S. Rep. Karen Bass, California
Chair of the Congressional Caucus
on Foster Youth



ISSUE AREA #1

Coverage for Relocators

Former foster youth should be eligible for Medicaid until age 26 regardless of the state they reside. Currently federal guidance does not mandate coverage of youth when they relocate from the state in which they were in foster care. To cover these youth--"relocators"--states must apply for a Medicaid 1115 Waiver. Currently, only some states have applied for Medicaid 1115 waivers to serve out of state youth. Whether a former foster youth has insurance coverage should not depend on the state in which they live. Youth should be able to relocate for education, a job, or to gain support from family or friends without fear of losing Medicaid.

There should be a federal fix to ensure young people retain coverage when moving states (note: federal legislation has been introduced, see H.R.4998 / S.1797). In the meantime, states should take action to ensure youth who relocate to their jurisdiction are covered by applying for a 1115 Waiver.

ISSUE AREA #2

Seamless or Auto Enrollment:

Youth are covered by Medicaid while in foster care and should not need to re-apply for Medicaid under the FFY category when they age out of care. They should not be terminated from Medicaid when the state has all the information necessary to establish eligibility under the FFY category. For example, they have evidence of the youth's age, foster care status, and state residency. The youth should be transitioned from coverage as a current foster youth to coverage as a former foster youth. Seamless enrollment, which requires no action on the youth's part, will ensure continuous coverage and no breaks in access to health care and treatment. Processes that require a youth or caseworker to take action when a youth's eligibility is clear, put youth at risk of losing coverage. This gives youth a foundation for a successful start as they transition out of the child welfare system.



"I think that the need to do outreach is so important. Had it not been for some former foster youth campaigning and doing outreach I would not have found out that I could get insurance and I honestly don't know if I would have still been here today. I didn't know I could still get insurance and because of that I failed to go to the hospital and get the help I needed and that made things worse in the long run."

— Dashun Jackson, FosterClub Young Leader
Spent 4 years in Nevada's foster care system

ISSUE AREA #3

Development of a Former Foster Youth Specific or Streamlined Application for FFY

Because former foster youth are eligible for Medicaid until age 26 regardless of income, simplifying the application process for young people who have not maintained seamless coverage will facilitate access to health insurance. Medicaid applications can be lengthy and require income and other information that is not required for eligibility as a FFY. Creating a foster youth specific application or amending the general Medicaid application so that a former foster youth would not be prompted to enter information that is not required will result in more young people completing Medicaid applications and establishing eligibility.

ISSUE AREA #4

Automatic Renewal of Coverage until Age 26

Medicaid coverage under the FFY provision should be maintained until young people reach age 26 without the young adult having to take any action or submit additional information. Foster youth between ages 18 and 26 may move several times when they leave care, for school, jobs, or to be closer to family or friends. Renewal notices sent through the postal service may be missed causing a youth to lose coverage despite maintaining eligibility. Individuals should be automatically renewed unless information is presented that indicates the a young person is no longer eligible (e.g. youth has moved out of state). This, in fact, is consistent with existing federal law.



ISSUE AREA #5

Data Tracking

Development of a plan for data collection and analysis will allow child welfare and Medicaid agencies to identify youth before they age out so that action can be taken to assure coverage in the FFY group without any gaps. This should include using data to identify the number of youth who are successfully enrolled in the FFY category and continue coverage as well as to identify and target eligible youth who are not covered. Further, case-level data should be shared between the child welfare and Medicaid agencies to better understand youth enrollment. In FosterClub's 14-state survey only 4 States reported they were tracking Medicaid to age 26 data.

ISSUE AREA #6

Youth Outreach

States must have an array of outreach strategies to reach young people who are leaving the child welfare system and those who work with them so that they are aware of FFY coverage and how to maintain it. Because young people are especially mobile, comprehensive and creative strategies must be used. Outreach strategies include messaging, training, and communications materials that explain to youth and stakeholders FFY coverage, its importance, and all the policies and procedures to secure and maintain coverage. States should have a dedicated website or resource page that is a one-stop place for state specific info as well as contact info for someone who can help if a youth is encountering barriers.



“The enactment of the Former Foster Youth Provision of the ACA was a game changer. This vital provisions guaranteed that almost all youth who age out of foster care would have health insurance and access to high-quality care at least until age 26. Young people have not yet fully received the benefit of this guarantee. This campaign gives state and national advocates the support and opportunities for collaboration that will help us achieve the implementation that young people deserve.”

—Jennifer Pokempner, esq.
Juvenile Law Center, Pennsylvania

ISSUE AREA #7

FFY Exclusion on waivers requiring Medicaid recipients to work

The Centers for Medicare and Medicaid Services (CMS) are providing states the option to impose work requirements on Medicaid recipients through 1115 Waivers. Access to health care is impeded by work requirements; however, If states do opt to impose work requirements, former foster youth should be exempt. Imposing such a requirement treats former foster youth differently than their peers who have the support of family and can remain on their parents' insurance until age 26 regardless of whether they work or not.

The #HealthCareFFY campaign

The Campaign will include a variety of activities aimed ensuring that all youth who exit foster care have have Medicaid coverage and have access to health care at least until age 26. Activities aim to educate and support state and federal stakeholders, including young people, and will include webinars, the dissemination of white papers, tools and other communications materials that will spotlight model state practices, youth experiences, and advocacy efforts.

The #HealthCareFFY campaign will provide child welfare and medicaid administrators, advocates, and other stakeholders with information specific to the implementation of former foster provision of the Affordable Care Act by:

- Conducting a series of webinars on the Focus Areas
- Crafting white papers around issue areas, providing examples of best practices and clarification regarding state requirements
- Developing a clearinghouse of state practices
- Providing technical assistance to states upon request.

Ways to partner with the #HealthCareFFY Campaign:

- Join the #HealthCareFFY Campaign to stay abreast of upcoming webinars and opportunities for technical assistance: [LINK](#)
- Assist with outreach and education of current and former foster youth and stakeholders: [LINK](#)
- Scan your state [LINK \(HERE\)](#) and help build the #HealthCareFFY clearinghouse of state policies
- Ask questions, share noteworthy practices, and elevate challenges through peer-to-peer learning opportunities, such as #HealthCareFFY webinars.
- Commit to take action in your state on the focus areas outlined above.
- Create a dialogue between child welfare and Medicaid.
- Engage and educate partners that work with transition age foster youth.

The #HealthCareFFY Campaign seeks to deliver on the promise of health insurance and health care for all former foster youth at least until age 26 so that they have a healthy foundation for adulthood.

JOIN US!

For more information or to partner in efforts to improve health outcomes for current and former foster youth, contact Kristen Torres, Director, Child Welfare & Immigration at First Focus (Kristen@firstfocus.org) at SPARC (email) or Shannon Symonds, Outreach Manager at FosterClub (shannon@fosterclub.com).

The #HealthCareFFY campaign is a project in partnership:

