

argued that the intent of the ACA provision is to cover *all* former foster youth until age 26 via Medicaid, regardless of where they live. Some proponents of this position have questioned the legality of not applying the mandate to the entire population of young adults who aged out, citing the 1969 Supreme Court decision in the case of *Shapiro v. Thompson*, which held that requiring a waiting period before new residents would be eligible for welfare benefits violated the right to travel implicit in the Equal Protection Clause of the Fourteenth Amendment.²² Unfortunately, these arguments have not been successful in effecting change and there has been no litigation to force the issue.

A Major Reason for State Opposition: The Potential Costs

The potential financial cost of offering Medicaid coverage to former foster care youth outside the state in which they aged out has been a leading factor driving state opposition. The federal government provides matching funds to reimburse states for Medicaid costs. States are reimbursed at an enhanced rate for newly eligible adults—i.e., those who would not have been eligible for Medicaid before the ACA. However, former foster youth are not considered newly eligible adults even if they would not have been Medicaid-eligible before the ACA. Hence, states receive only the standard federal match for former foster youth.²³

Still, rather than save states money, denying Medicaid coverage to former foster youth may actually cost *more*, particularly if these young people delay seeking needed medical care and wind up in emergency rooms.²⁴ This possible scenario is supported by the results of a recent survey of Medicaid directors in all 50 states and the District of Columbia. The annual survey asked about policy changes implemented in state Medicaid programs in fiscal year 2015 and those planned for implementation in 2016. The 22 states that did not expand Medicaid eligibility as part of the ACA saw their costs to provide health care to the poor rise twice as fast as states that extended benefits to more low-income residents — 6.9 percent versus 3.4 percent.²⁵ It seems likely that the 37 states that have not provided Medicaid coverage to young people who exited foster care from other states may incur even higher medical costs for emergency care rather than preventative services and standard care.

States have also raised the cost of verifying eligibility as a major barrier. In particular, some have pointed to the fact that there is no electronic data system in place that would enable them to quickly verify that a young person had been in foster care until age 18 in another state, and hence is categorically eligible for Medicaid coverage under the ACA until age 26. Establishing such a system is not at the top of state priority lists.²⁶

TO LEGISLATORS: STEP UP AND IMPROVE HEALTH CARE ACCESS FOR FORMER FOSTER YOUTH

States can support former foster youths' transition to adulthood by guaranteeing them access to quality health care — and doing so can be accomplished by eliminating major barriers to Medicaid access. The following sections describe changes in policy and practice that, if enacted in states nationwide, would be sound investments not only in the welfare of these young people but also in the future of our nation.

Support Proposed Legislation to Make Medicaid Coverage for All Former Foster Youth a State Requirement

Legislation has been sponsored in the U.S. House of Representatives and in the U.S. Senate that would revise the language in the ACA so that states would be required to provide Medicaid coverage to former foster youth until age 26, regardless of which state they were in when they exited the system. The Senate bill, the Health Insurance for Former Foster Youth Act (S.1852), was introduced on July 23, 2015, and sponsored by Robert P. Casey, Jr. (D-Pennsylvania). It was referred to the Committee on Finance on July 23, 2015.²⁷ The companion House version of the bill (H.R.3641) was introduced on September 29, 2015, and sponsored by Representatives Karen Bass (D-California) and Jim McDermott (D-Washington), co-chairs of the Congressional Caucus on Foster Youth.²⁸

Three members of the Senate and 35 members of the House have joined the legislation as co-sponsors, and close to 150 advocacy organizations have voiced support. While this legislative development is encouraging, the bill has little chance of passage by a Republican-controlled Congress that has made numerous attempts to repeal the ACA. The most recent repeal effort was on January 6, 2016, with House passage of the Restoring Americans' Healthcare Freedom Reconciliation Act of 2015; President Obama vetoed it on January 8.

TO STATES: REMOVE BARRIERS TO HEALTH CARE ACCESS

Although federal legislation may eventually make clear that states must provide Medicaid coverage to all who have aged out of foster care, it is equally important that all young people who are eligible be informed of and have access to this benefit. Today, there is a series of hurdles over which these young people must jump to get the care to which they are entitled, even if they remain in their "home state" after aging out. Chief among these impediments are the requirements that they provide

documentation of eligibility (rather than being enrolled automatically in Medicaid) and that they go through a redetermination review each year. In addition, many young people who have aged out of foster care don't know they have access to health care via the ACA, and so are without coverage because they have never applied for continued insurance protection.

However, even more challenging may be ensuring that the population of young people who are not yet 26 years old and aged out of foster care before the ACA provision extending Medicaid coverage to former foster youth took effect *also benefit from this provision.²⁹ Many of these young people are unaware of their eligibility or that they must reapply for Medicaid.³⁰

The following recommendations, if put into practice, would do much to improve the health and the futures of this population.

Make Medicaid Enrollment and Eligibility Redetermination Automatic

Given that young people who age out of the child welfare system are categorically eligible for Medicaid under the ACA, states could automatically enroll them before they exit foster care and maintain their enrollment until age 26. This would obviate the need for eligibility verification and redetermination. The latter is especially important for a population that is highly mobile, often by necessity rather than by choice.

There is some evidence that automatic enrollment and eligibility redetermination promotes higher coverage rates. According to a report prepared by Urban Institute researchers, young people in states that extended Medicaid coverage until age 21 under the Chafee Option were more likely to still be covered a year after they aged out if their state had more automatic enrollment and eligibility redetermination processes.³¹

Streamline the Application Process

In the absence of automatic enrollment, a more streamlined application process could increase the number of eligible youth who are covered by Medicaid. The State Policy Advocacy & Reform Center (SPARC), a network of child welfare organizations whose mission is to improve policies and outcomes for children and young people, has put forward a number of recommendations for streamlining that process, including: (1) assigning a specific child welfare or Medicaid agency staff member to verify the former foster status of youth from other states, (2) allowing documentation of former foster care status to be submitted electronically, and (3) developing an online registry to which all states would have access that would verify former foster care status and Medicaid eligibility of

every young person who ages out of foster care.^{32,33} This type of national registry, which could be run by the federal Department of Health and Human Services, has also been proposed by the Center for Children and Families of the Georgetown University Health Policy Institute.³⁴

One state that has been a leader in ensuring access to health care for this population is California. The state extends Medicaid coverage to former foster youth from other states, expedites the application process by having them complete a simple one-page application, and contacts other states to verify former foster care status.³⁵

Use a Range of Strategies to Spread the Word Regarding Eligibility

It is a major challenge to ensure that the population of young people who aged out of foster care before January 1, 2014, when the ACA provision extending Medicaid coverage to former foster youth took effect, is aware of their eligibility and knows how to enroll. For some states, **tapping into social networks** and **partnering with foster care organizations** have proven effective in disseminating eligibility information and increasing enrollment.

One such organization is **Florida Youth SHINE** (Striving High for Independence and Empowerment). This youth-run organization of current and former foster youth has used its website (www.floridayouthshine.org), Facebook page (<https://www.facebook.com/Florida-Youth-Shine-173308249384965/>), Twitter account, and twelve chapters throughout the state to promote youth leadership and spread the word about a range of issues, including Medicaid eligibility, that are of importance to this population.

Another is California's Children Now. This research, policy development, and advocacy organization launched Covered til 26, a statewide outreach campaign to ensure that all former foster youth in California know they are eligible for free Medi-Cal coverage until age 26.³⁶ Children Now spreads the word regarding eligibility via its initiative website (<http://coveredtil26.childrennow.org>), Facebook (www.facebook.com/coveredtil26), and Twitter account (https://twitter.com/Health_CN), as well as its youth flier³⁷ and fact sheet.³⁸

Stories shared via social and traditional media have highlighted the importance of providing Medicaid coverage to this population.³⁹ However, a well-funded and coordinated national campaign that educates the public about the health care needs of former foster youth and helps these young people obtain the Medicaid coverage for which they are eligible is needed.

*The provision went into effect on January 1, 2014.

Ensure That Young People Have the Knowledge and Skills to Use Their Health Care Coverage

Although it is important to have access to health care, it is equally important for young people to take advantage of the care to which they are entitled. Providing training to child welfare staff in effective ways to instill in those in foster care an understanding of the importance of regular health care and in how to obtain care is one way to prepare this population for life disconnected from the child welfare system.

CONCLUSION

The ACA provision for health care coverage of young people who have aged out of foster care was intended to mirror the parental/private insurance provision available to other young adults. However, unlike their peers who can remain on their parents' private health insurance regardless of where they live, former foster youth are often locked out of the Medicaid access to which they are entitled simply because they live in one of 37 states that has interpreted the law differently for those who move to their state after aging out. These young people cannot move to another state to pursue education or employment, reconnect with family, or distance themselves from negative influences or memories and retain access to Medicaid. They should not be forced to choose between having health insurance and relocating to take advantage of opportunities or support.

Even if every state opted to provide Medicaid coverage to all former foster youth who aged out of care regardless of the state in which they aged out, additional steps must be taken to ensure that these young people have access to health care. Automatically enrolling them in extended Medicaid before they age out, streamlining the application process so they are not required to submit documentation when eligibility can be verified using administrative data, and not requiring them to re-establish their eligibility each year would go a long way toward guaranteeing that former foster youth get the health coverage to which they are entitled. In addition, a concerted effort must be made not only to inform those who aged out of foster care prior to January 1, 2014, and are not yet age 26 about their eligibility but also to facilitate their enrollment. Finally, before they age out of foster care, young people should be educated about how to use their Medicaid benefits to obtain the health care they deserve.

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