

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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