

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health Care Finance



Transmittal 14- 18

TO: Department of Human Services, Economic Security Administration and Child and Family Services Agency Administrators

FR: Linda Elam, Ph.D., M.P.H.   
Senior Deputy Director/State Medicaid Director

DATE: **MAR 27 2014**

Re: Former Foster Care Medicaid Eligibility Policy

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The purpose of this transmittal is to implement the Department of Health Care Finance's (DHCF) policy on Medicaid eligibility for Former Foster Care Youth in the District of Columbia.

The District of Columbia is implementing section 2004 of the Affordable Care Act to expand Medicaid coverage to individuals between the ages 18 and 25 who were wards of the District of Columbia and were covered under the District of Columbia's Medicaid program prior to exiting the foster care system. Individuals who are District residents are eligible under this category regardless of income until age 26.

These policies and procedures were developed in collaboration with the District of Columbia Child and Family Services Agency (CFSA) and the Department of Human Services, Economic Security Administration (ESA). The policies and procedures outlined in the attached document reflect a concerted effort to ensure seamless Medicaid coverage of individuals transitioning out of the District's foster care system and to expand coverage to those eligible under the new former foster care category.

The District was given the option to expand the Former Foster Care Youth category to cover individuals who were in foster care and Medicaid in any state. The District elected to only cover individuals in the Former Foster Care Youth category who were in foster care in the District and enrolled in DC Medicaid. In order to be determined eligible for Medicaid under this category, the youth's former foster care status must be verified by the District, and only District data are available at this time.

Currently, there is no nationwide data source to verify former foster care status. It would be administratively burdensome and would require additional resources from the District in order to manually verify former foster status for non-District former foster care individuals. The District is able to verify former foster care status of individuals who exited the District foster care system by the use of an electronic interface with CFSA. While the District elected to cover only

individuals who were former foster care youth in the District of Columbia, D.C. Medicaid provides coverage to childless adults with incomes up to 210% of the federal poverty limit, and low-income former foster care youth from other states who become residents of the District would still be eligible for Medicaid.

Questions regarding this transmittal should be directed to Danielle Lewis, Associate Director, Division of Eligibility Policy, Health Care Policy and Research Administration at (202) 442-9052 or via email [Danielle.Lewis@dc.gov](mailto:Danielle.Lewis@dc.gov).

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



**Subject: Former Foster Care Children Medicaid Eligibility**  
**Policy Number: HCPRA-DEP- XXX**

<b>Policy Scope:</b> Department-wide	<b>Number of Pages:</b> 9
<b>Responsible Office or Division:</b> Health Care Policy and Research Administration	<b>Number of Attachments:</b>
<b>Supersedes Policy Dated:</b> N/A	<b>Effective Date:</b> 1/1/2014
<b>Cross References and Related Policies:</b> N/A	<b>Expiration Date, if Any:</b> N/A

**1. PURPOSE**

The purpose of this document is to establish policies and procedures for the Medicaid coverage group of Former Foster Care children in the District of Columbia.

**2. APPLICABILITY**

This policy applies to all agencies involved in transitioning children exiting the District’s foster care system, along with agencies responsible for processing Medicaid applications, including: the Economic Security Administration (ESA) of the Department of Human Services, Child and Family Services Agency (CFSA), and CFSA-contracted personnel.

**3. AUTHORITY**

The authority and functions of the DHCF as set forth in the “DHCF Establishment Act of 2007” effective February 28, 2008 (D.C. Law 17-109).  
Medicaid coverage for former foster care children is authorized under Section 1902 of the Social Security Act, 42 U.S.C. 1396a (a)(10)(A)(i)(IX).

**4. DEFINITIONS**

**ACEDS** – the Department of Human Service’s Automated Client Eligibility Determination System. ACEDS is the Economic Security Administration’s legacy information technology system used to determine Medicaid eligibility and case management.

**Child and Family Services Agency (CFSA)** – the Child and Family Services Agency (CFSA) is the public child welfare agency in the District of Columbia responsible for protecting child victims and those at risk of abuse and neglect and assisting their families.

**Comprehensive/Assessment Transition Planning Meeting** – a structured planning and decision making meeting between the foster care youth and the youth’s transition team held prior to the youth’s exit out of the foster care system. The purpose of the Comprehensive Transition Planning Meeting is to develop the youth’s transition plan for his/her transition out of foster care.

**DC Health Link** – the District of Columbia’s on-line state-based marketplace for District residents, small business owners, and their employees to apply for health insurance coverage. District residents, including former foster care youth, can use DC Health Link to apply for Medicaid.

**Department of Health Care Finance (DHCF)** – the Department of Health Care Finance (DHCF) is the District of Columbia’s state Medicaid agency. DHCF is the single state agency for the District responsible for the policy development and administration of the Medicaid program, Children’s Health Insurance Program (CHIP, Medicaid expansion), Alliance Program, Immigrant Children’s Program, and Medical Charities Program.

**Economic Security Administration (ESA)** – the Department of Human Services (DHS), Economic Security Administration (ESA) determines eligibility for Medicaid and other public assistance programs available in the District of Columbia based upon the policies and procedures established by the Department of Health Care Finance (DHCF).

**Foster Care** – twenty-four (24) hour substitute care for children placed away from their parents or guardians and for whom the Title IV–E agency has placement and care responsibility, as defined under 45 CFR § 1355.20. Foster care includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. A child is in foster care in accordance with this definition regardless of whether the foster care facility is licensed and payments are made by the State, Tribal or local agency for the care of the child, whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is Federal matching of any payments that are made.

**FACES.NET** – the District of Columbia's Statewide Automated Child Welfare System (SACWIS). FACES.NET is a comprehensive automated case management and data collection tool supporting child welfare case management practice and meeting the requirements of 45 CFR 1355.50 – 57, including data reporting to AFCARS, NCANDS, and NYTD.

**After Care Form 30-B** – the Economic Security Administration (ESA) form used by the Child and Family Services Agency (CFSA) to notify ESA that the youth is transitioning out of foster care, request that ESA administratively change the youth’s program code, provide ESA with the youth’s updated mailing address and contact information, and request that a new Medicaid card be sent to the youth’s updated address. This form replaces the Department of Human Services 30-A Form.

**Mandatory Coverage Groups** – populations described under Section 1902(a)(10)(A)(i)(I) - (VII) of the Social Security Act who are eligible for Medicaid coverage, consisting of:

- a. Supplemental Security Income (SSI) and related groups
- b. AFDC Related Groups
- c. Blind
- d. Disabled
- e. Parents or Caretaker Relatives
- f. Pregnant or Postpartum Women
- g. Children under Age Nineteen (19)

**Medicaid Transition Fact Sheet** – a Department of Health Care Finance (DHCF) fact sheet distributed to transitioning foster care youth that describes Medicaid benefits and coverage options available to former foster care youth under the Medicaid former foster care youth coverage group.

**Medicaid State Plan:** A written plan between the states including the District of Columbia and the federal government that outlines Medicaid eligibility standards, provider requirements, payment methods, and health benefits packages. A Medicaid Plan is submitted by each state and the District of Columbia and approved by Centers for Medicare and Medicaid Services (CMS).

**Section 1115 Demonstration Waiver** – Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs. The purpose of these demonstrations, which give States additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches.

**Qualified Former Foster Care Youth** – an individual determined eligible for Medicaid by the District under the former foster care youth coverage group under Section 1902 of the Social Security Act.

**Teen Mom Transition Planning Meeting** – a structured planning and decision making meeting between a foster care youth who is pregnant and/or has dependent children held prior to the youth's exit out of the foster care system. The purpose of the Teen Mom Transition Planning Meeting is to identify and assist these youth in enrolling in food, cash, and other public assistance programs for themselves and/or dependent children before the youth transitions out of foster care.

**Transition Team** – a team of CFSA social workers, CFSA Office of Youth Empowerment (OYE) staff, primary caregivers, mentors, guardian *ad litem*, court-appointed special advocates, and/or others, as applicable to the youth, who are assigned to a transitioning youth during to aid the youth in successfully transitioning out of foster care. The transition team develops a transition plan with direct input from the youth for identifying specific, achievable goals for transitioning from care.

**Transition Plan** - a structured plan developed by a transitioning youth and his/her transition team that identifies the youth's individual needs, interests, and goals to ensure a smooth, safe, and supported transition out of foster care.

## 5. POLICY

It is the policy of the Department of Health Care Finance (DHCF) and the Economic Security Administration (ESA) to provide Medicaid coverage to all qualified former foster care youth. A qualified former foster care youth is a former foster care youth who meets all of the following criteria:

1. Is age eighteen (18) up to age twenty-six (26);
2. Was in foster care under the responsibility of the District when the youth exited out of the District's foster care program at age 18 or older;
3. Was enrolled in Medicaid under the District's Medicaid State Plan or 1115 Demonstration Waiver when the youth exited out of the District's foster care system at age 18 or older; and
4. Is currently a resident of the District of Columbia.

DHCF and ESA will coordinate with Child and Family Services Agency (CFSA) to ensure that Medicaid coverage under this policy affords seamless enrollment of all District qualified former foster care youth.

There is no income threshold for eligibility for Medicaid as a qualified foster care youth.

## 6. PROCEDURE

### A. Eligibility Standards

1. Qualified former foster care youth will be eligible for Medicaid under the former foster care category from age eighteen (18) through the last day of the month in which the youth turns age twenty-six (26).
2. Qualified former foster care youth will be eligible for Medicaid under the former foster care category as long as the youth is a resident of the District. Former foster care youth that attest that they reside in the District without a fixed address (including those who are homeless) are residents of the District for the purposes of eligibility for Medicaid coverage.
3. Eligibility under the former foster care youth category is limited to youth who are age 18 or older and were enrolled in D.C. Medicaid when they aged out of the District's foster care system, regardless of income. The following groups are not eligible under this coverage group:
  - a. Youth who were emancipated before turning age 18;
  - b. Youth who were adopted before turning age 18;
  - c. Youth who were permanently reunited with their families before turning age 18; and

- d. Youth who were permanently placed in guardianship before turning age 18.
4. The Medicaid service delivery type for the former foster care youth category is fee-for-service.
5. Program Codes for the former foster care youth category are:
  - a. Program Code 211; or
  - b. Program Code 211Q (for former foster care youth also enrolled in Medicare).

**B. Seamless Medicaid Coverage for Youth Aging Out of Foster Care**

**CFSA's Responsibilities**

1. When a foster care youth aged eighteen (18) up to twenty-one (21) is ready to exit out of the foster care system, CFSA shall:
  - a. Prior to the youth's Comprehensive/Assessment Transition planning meeting:
    - i. Verify that the youth is currently enrolled in Medicaid and ensure the youth's Medicaid identification number is documented in the youth's Transition Plan.<sup>1</sup>
    - ii. Notify CFSA's Business Services Administration that the youth is exiting out of foster care.
  - b. During the youth's Comprehensive/Assessment Transition planning meeting, the transition team shall:
    - i. Provide the youth with a copy of the Medicaid Transition Info Sheet and the youth's Medicaid identification number;
    - ii. Review the Medicaid Transition Info Sheet with the youth;
    - iii. Explain to the youth that the youth may use his or her Medicaid card and/or Medicaid identification number to get health services until the youth exits the foster care system, and that the youth may continue to use his or her Medicaid card and/or Medicaid number to get health services after exiting foster care only if the youth is eligible for and enrolled in D.C. Medicaid;
    - iv. Explain to the youth that the youth will be eligible for Medicaid under the former foster care category if the youth is age eighteen (18) or older when he or she ages out of the District's foster care system and is a resident of the District of Columbia;
    - v. Explain to the youth that he or she will not be eligible under the former foster care category if, before turning 18 years of age, he or she is emancipated, adopted, permanently reunited with his or her family, or permanently placed in guardianship; and

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<sup>1</sup> All District of Columbia wards are categorically eligible for Medicaid until they leave the foster care system in the District of Columbia.

- vi. Explain to the youth that his or her Medicaid coverage under the former foster care category may continue until the youth turns twenty-six (26) years old or moves out of the District.
2. For youth who have dependent child(ren) or are pregnant, during the youth's Teen Mom transition planning meeting, held prior to the youth's exit out of the foster care system, CFSA shall:
  - a. Provide the youth with a copy of the Medicaid Transition Info Sheet and the youth's Medicaid number;
  - b. Review the Medicaid Transition Info Sheet with the youth;
  - c. Explain to the youth that the youth may use his or her Medicaid card and/or Medicaid number to get health services until the youth exits the foster care system, and that the youth may continue to use his or her Medicaid card and/or Medicaid number to get health services after exiting foster care only if the youth is eligible for and enrolled in D.C. Medicaid;
  - d. Explain to the youth that the youth will be eligible for Medicaid under the former foster care category if the youth is age eighteen (18) or older when he or she ages out of the District's foster care system and is a resident of the District of Columbia;
  - e. Explain to the youth that he or she will not be eligible under the former foster care category if, before turning 18 years of age, he or she is emancipated, adopted, permanently reunited with his or her family, or permanently placed in guardianship; and
  - f. Explain to the youth that his or her Medicaid coverage under the former foster care category may continue until the youth turns twenty-six (26) years old or moves out of the District.
3. For youth who have dependent child(ren) enrolled in Medicaid managed care, CFSA will explain to the youth that he or she will have the option to complete a DC Health Link application to have his or her Medicaid eligibility determined under the parent/caretaker relative coverage group and, if determined eligible, enroll in the same Medicaid managed care organization as their child(ren).
4. Upon notification of the youth's discharge from CFSA foster care, the Business Services Administration will send the AfterCare Form 30-B to ESA to transition a youth into the former foster care children coverage group within (5) business days. The form will notify ESA that the youth is transitioning out of foster care, request that ESA administratively change the youth's program code, provide ESA with the youth's updated mailing address and contact information, and request that a new Medicaid card be sent to the youth's updated address.
5. From the AfterCare Form 30-B, ESA shall update the youth's address and contact information in the eligibility system of record, update the youth's Medicaid program code, and enter a twelve (12) month certification period. ESA will automatically mail the former foster care youth a Medicaid card to the youth's updated mailing address.

6. ESA shall notify the youth in writing of their continued enrollment in Medicaid under the former foster care category. The notice will also include information on the option to apply for coverage under other mandatory coverage groups, including as a pregnant woman and parent/caretaker relative.
7. If the youth elects to apply for coverage under another mandatory Medicaid coverage group, the youth will be enrolled in the Medicaid former foster care coverage group until eligibility under the other coverage group(s) is determined.

**C. Application for Medicaid through DC Health Link**

1. Former foster care youth who have previously transitioned out of the foster care system and reside in the community may apply for Medicaid coverage using the DC Health Link application. When an applicant submits an application through DC Health Link and indicates in the application that he or she was formerly in the District's foster care system, eligibility under the former foster care category will be determined.
2. DC Health Link will automatically verify using electronic data sources that the youth was enrolled in the District's foster care system and was enrolled in the District's Medicaid program as a foster child.
3. If information is not available from electronic data sources, the youth will be required to provide documents verifying that the youth was enrolled in the District's foster care system and/or was enrolled in the District's Medicaid program as a foster child.

**D. Annual Renewal of Medicaid Coverage**

1. The certification period for coverage under the former foster care coverage group will be twelve (12) months.
2. At each annual renewal, DC Health Link will automatically verify using electronic data sources that the youth is a District resident. Former foster care youth will not be required to verify any other eligibility factors, including income.
3. If DC Health Link is not able to renew the individual's Medicaid eligibility using electronic data sources, the youth will be required to provide documents verifying District residency.

**E. Termination of Eligibility Under Former Foster Care Youth Coverage Group**

1. ESA will terminate a former foster care youth's Medicaid eligibility under the former foster care youth coverage group, and re-determine the youth's eligibility under other coverage groups, upon notification that the youth has:

- a. Turned twenty-six (26) years old;
- b. No longer resides in the District of Columbia; or
- c. Is deceased.

F. Enrollment in a Mandatory Coverage Group

1. A qualified former foster care youth who is eligible under a mandatory coverage group will be enrolled in that mandatory coverage group.
2. A qualified former foster care youth who is eligible under a mandatory coverage group will be enrolled in the former foster care coverage group in the following circumstances:
  - a. Enrollment in the mandatory coverage group would result in a gap in coverage of the qualified former foster care youth. If the youth cannot be enrolled immediately under a mandatory Medicaid coverage group, the qualified former foster care youth will be enrolled in the Medicaid former foster care coverage group until eligibility under the other coverage group(s) is determined.

G. Examples

Example 1: Desiree is a D.C. foster child and lives in a foster care home in the District. She receives D.C. Medicaid. Desiree ages out of D.C. foster care at the age of nineteen (19). Desiree's caseworker notifies CFSA that she is aging out of foster care. CFSA sends the AfterCare Form 30-B to ESA. Desiree is eligible for coverage under D.C. Medicaid in the former foster care group until she moves out of the District or turns twenty-six (26) years old.

Example 2: If Desiree is age seventeen (17) and will age out of foster care when she turns eighteen (18), CFSA will hold Comprehensive/Assessment Transition planning meeting with Desiree before she ages out. During the meeting, CFSA will:

- Provide her with a copy of the Medicaid Transition Info Sheet and her Medicaid number;
- Review the Medicaid Transition Info Sheet with her;
- Explain that she can use her Medicaid card and/or Medicaid number to get health services until she exits the foster care system, and that she may continue to use her Medicaid card and/or Medicaid number to get health services after exiting foster care only if she is eligible for and enrolled in D.C. Medicaid;
- Explain that she will be eligible for Medicaid under the former foster care category if she is age eighteen (18) or older when she ages out of the District's foster care system;
- Explain that she will not be eligible under the former foster care category if, before turning 18 years of age, she is emancipated, adopted, permanently reunited with her family, or permanently placed in guardianship; and
- Explain that Medicaid coverage under the former foster care category may continue until she turns twenty-six (26) years old or moves out of the District.

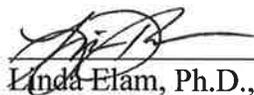
Example 3: If Desiree has two children at the time she ages out of foster care, Desiree should be enrolled in the former foster care group. However, Desiree is also potentially eligible for Medicaid coverage under the parent/caretaker group. Before she ages out, CFSA will hold a Teen Mom transition planning meeting. During her Teen Mom transition planning meeting, CFSA will notify Desiree that she is potentially eligible under the parent/caretaker relative coverage group and that she has the option to submit a DC Health Link application to have her eligibility determined under that group. If Desiree chooses to have her eligibility determined under the parent/caretaker group, she will be required to complete and submit a DC Health Link application, including submitting verification documents if necessary.

## 7. FORMER FOSTER CARE YOUTH FROM OUTSIDE THE DISTRICT

Young adults between the ages of 18 to 26 who exited from a foster care system outside of the District of Columbia are not eligible for Medicaid under the District's Former Foster Care youth category. However, these individuals can apply for health coverage through D.C. Health Link and may be eligible for Medicaid under various categories including "Childless Adults" or "Parent/Caretakers" with income up to 200% of the Federal Poverty Level (FPL), or "Pregnant Women" with income up to 300% FPL. Individuals applying for Medicaid must meet both financial and non-financial requirements to be determined eligible. If income is over the Medicaid levels, D.C. Health Link will determine if individual is eligible for subsidies to purchase private health insurance.

## 8. RESPONSIBILITY

The Department of Health Care Finance (DHCF), Economic Security Administration (ESA), and Child and Family Services Agency (CFSA) are responsible for the implementation of this policy.



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3/27/2014

Date