



Implementation Guidelines for Medicaid Coverage Up to Age 26 for Young Adults Formerly in Foster Care

Effective January 1, 2014, a new Medicaid coverage group is available for young adults who were in foster care at age 18. This Medicaid coverage gives these young adults the same opportunity for health insurance as many of their peers who are under a parent's insurance policy until age 26.

REQUIREMENTS:

Every young adult who:

- (1) is under the age of 26;
- (2) is not otherwise eligible for other Medicaid coverage ; and
- (3) meets at least one of the following criteria:
 - Exited foster care from the Florida foster care system at the age of 18 ("aged out" - did not achieve permanency prior to age 18);
 - Last placement in foster care was in a licensed home/institution or with a relative/non-relative.

For the purpose of this new Medicaid coverage group, foster care means 24-hour substitute care for children placed away from their parents or guardians, for whom the Department has placement and care responsibility. This includes, but is not limited to, placements in licensed foster family homes, group homes, emergency shelters, residential facilities and child care institutions, or placements in unlicensed homes of relatives or non-relatives. For this coverage, a child is considered to be in foster care regardless of licensure status (licensed or unlicensed).

RESPONSIBILITIES:

1. **Regions, Circuits and Community-Based Care (CBC) agencies** must educate young adults and youth in care of the availability of Medicaid to 26. CBCs are responsible for the following tasks:
 - identify all youth and young adults who meet the requirements of this program;
 - ensure their "age out" data/status and Medicaid codes are correct in FSFN; and
 - notify the young adult of the availability of Medicaid to age 26 and the necessity to complete and submit an application. Agencies are encouraged to reach out to foster care alumni organizations and other stakeholders to ensure the young adults are aware of this new Medicaid coverage.

CBC lead agencies might consider compiling a "look-back" data base of qualified young adults who have aged out of the agency since January 1, 2007. To address potential appeals by young adults, CBC agencies must develop alternative means of verifying and ruling out that a young adult does not meet the requirements for Medicaid to 26. For example, a young adult who was discharged from care prior to age 18 with a permanency goal of permanent placement with a fit and willing relative does not meet the "aged out of foster care" condition.

2. **Young adults** are responsible for requesting Medicaid coverage under the new group. This is done by completing a regular application for medical assistance. Please note that when a young adult is no longer participating in Extended Foster Care, Post-Secondary Education or After Care program, he/she must complete and submit an application for Medicaid to 26.

Young adults may apply in one of the following ways:

- Online: <https://dcf-access.dcf.state.fl.us/access2florida/access/default.do?performAction=init>,
- Contact the local Department of Children and Families' ACCESS Office to apply for Medicaid. To find the nearest local office, call 211 from any telephone in Florida.

3. **ACCESS Florida staff** receive and process the application. If the young adult is not eligible for any other coverage group (e.g. parent, pregnant, disabled) and he or she answered yes to the "aged out" question on the application, ACCESS staff will send an electronic verification request to the Florida Safe Families Network (FSFN). FSFN will look for a matched record and determine whether the young adult has ever been in a removal episode for at least 24 hours and subsequently discharged from foster care with one of the following:
- a discharge reason of "emancipation," "age of majority" or "child turned 18"
 - a discharge date that is within 5 days prior to, or any time after the young adult's 18th birthday

If FSFN validates that the young adult is a former foster child who aged out of the system, then the young adult will be approved for this coverage group, provided that all other eligibility requirements are met with the exception of income, as no income limit applies to this coverage group.