



STRENGTHENING THE VOICES OF CASA STATEWIDE

IMPROVING HEALTH SERVICES AND OUTCOMES FOR YOUNG ADULTS FORMERLY IN FOSTER CARE

Background

Youth who age out of foster care face enormous challenges; often including lack of family support, educational deficits, employment and income challenges, inadequate or inappropriate living arrangements, health problems and lack of health insurance. On average, 1,200 youth age out of foster care in Texas each year. These young adults also often have significantly higher medical and mental health care needs than their peers. In Texas alone, well over 50 percent of youth in foster care have been diagnosed with a mental illness. Unfortunately, youth who age out of our foster care system rarely receive the services they need, because of the difficulty they face with renewing their health care coverage. The Northwest Foster Care Alumni Study revealed that only 47 percent of foster care alumni managed to maintain health insurance after they exited foster care.¹

Under federal law, youth who age out of foster care are eligible for Medicaid coverage up to age 26 through the Former Foster Care Children (FFCC) program. To qualify, individuals must have been under state conservatorship when they exited foster care. Texas provides these young adults with coverage by automatically enrolling them when they leave care. However, many experience a disruption in coverage because they have difficulty renewing their benefits annually with the state. According to the Health and Human Services Commission (HHSC) Rider 35 Report, in FY 2019, 729 youth were denied coverage before aging out of the program at age 26.

Youth formerly in foster care experience challenges renewing their benefits because they are required to proactively update their mailing address with HHSC. This is difficult because they tend to be transient to some degree, and often do not know how to update their address with HHSC. If they do receive the renewal documents, they often find them confusing and complicated, which leads them to complete them incorrectly, or not complete them at all. If they do not submit their renewal documents to the state every year, they lose their crucial health care coverage. What's more, if a youth loses coverage and reapplies, they are required to submit several pages of irrelevant information about income, assets and their household – most of which they are unable to provide because of an unstable housing situation. This complicated process confuses youth, too often leading them to not renewing their benefits at all.

By the Numbers:

- As of December 2019, 4,565 youth were enrolled in the FFCC program.²
- In FY 2019, a total of 1,212 youth aged out of foster care at age 18.³

¹ Pecora PJ, Williams J, Kessler RC, Hiripie E, O'Brien K. Assessing the educational achievements of adults who were formerly placed in family foster care. *Child Fam Soc Work*. 2006;11(3):220–231

² Tex. Health & Human Services Commission., Report on Medicaid Coverage for Former Foster Children. (2020)

³ https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Exits.asp



- In FY 2019, 220 youth lost their health coverage because HHSC was not able to obtain an updated address to which to mail the renewal documents.

During the 86th Legislature, Texas CASA proposed legislation (SB 2110) that would direct HHSC to create a redetermination or auto-renewal process similar to the one used for traditional children's Medicaid, in order to streamline the renewal process for youth formerly in foster care. Expanding this process to this population would help prevent any disruption in services, treatment or medication they need after leaving the state's conservatorship. Although the legislation had bipartisan support, it failed to receive an initial hearing during the 2019 Legislative Session.

Expanding this process to youth formerly in care would have a cost-savings benefit to the state by keeping these young adults covered in addition to potentially reducing uncompensated care costs to counties. Streamlining this process also saves the state both time and money, by eliminating the need for confusing renewal forms and training specialized staff to assist these youth with renewing or recertifying their coverage. **Implementing this process should yield no additional cost to the state, since youth who age out of foster care are already granted health coverage and would not be receiving any additional benefits because of this bill.**

Other states such as West Virginia, Ohio, Montana, Iowa and Indiana have adopted a simple re-determination or self-attestation of residency process for this population to remain covered over time. This could easily be replicated in Texas, just as the state has recently done for recipients of the Healthy Texas Women's program. Important to note: the bill makes an exception to not renew coverage if it is determined that the youth is already receiving benefits in another state.

Ensuring sustained and long-term medical and mental health care coverage for these young adults will allow them to meet their individual health care needs as independent adults. Additionally, it will allow them to explore educational and workforce opportunities without feeling uncertain about how to cover the cost of potential medical expenses.

HOW TO STREAMLINE RENEWAL:

- Direct HHSC to create a simple re-determination or auto-renewal process that prevents a disruption in health coverage for youth formerly in foster care, as long as the HHSC determines the youth is not receiving benefits in another state.
- Require HHSC to assume all youth who age out of the state's conservatorship are Texas residents unless it is determined they are receiving benefits in another state.
- Ensure youth formerly in foster care receive the extended health care coverage they already qualify for by auto-enrolling them into the appropriate health plan until their 26th birthday, following the automatic termination from the STAR Health plan on their 21st birthday.

Questions?

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³ https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Exits.asp