POLICY BRIEF

FOSTERING HEALTH:

The Affordable Care Act, Medicaid, and Youth Transitioning from Foster Care

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The Affordable Care Act includes language that requires states to provide Medicaid coverage to youth who were in foster care in their state before aging out of the child welfare system. However, most states have interpreted the law differently for youth who move to their state after aging out, determining that automatic Medicaid coverage is an option, not a requirement.

Varying state policies have created barriers to health care access for this already vulnerable population, as has the lack of a coordinated process to inform these young people of their continued access to health care via Medicaid and to ensure that they are enrolled. This policy brief describes the health needs of those who have transitioned from foster care, the hurdles they must clear to obtain access to care, and changes in policy and practice that would make investments in the welfare of these young people and the future of our nation a reality.

NCCP

National Center for Children in Poverty

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The National Center for Children in Poverty (NCCP) is a nonpartisan public policy research center at Columbia University's Mailman School of Public Health. Founded in 1989 with endowments from the Carnegie Corporation of New York and the Ford Foundation, NCCP is dedicated to promoting the economic security, healthy development, and well-being of America's low-income children and their families. Using research to inform policy and practice, the center seeks to advance family-oriented solutions and the strategic use of public resources at the state and national levels to produce positive outcomes for the next generation.

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INTRODUCTION

Almost 30,000 young people age out of the foster care system every year, having never been adopted or reunified with their birth parents. The fact that they aged out is our failure as a government. We have failed them once and we just can't fail them twice. We must support their transition to adulthood, and guaranteeing access to quality health care will help with that transition.

— Mary Landrieu (D-LA), Congressional Record, Senate Legislative Action, pp. S13731-13733, December 22, 2009

Since passage of the Affordable Care Act in 2010, more than 20 million formerly uninsured Americans have gained health insurance coverage.[1] This significant reduction in the number of uninsured Americans can largely be attributed to a combination of three factors: federal and state health insurance exchanges, state Medicaid expansions, and the ability of young adults to stay on their parents' private health insurance plans until their 26th birthday. From 2010 to 2015, approximately 6.1 million young adults (19 to 25 year olds) — a group with the lowest rate of access to employer-based insurance and the highest uninsured rate of any age group — became insured[2] These young people now have access to essential health care benefits, including coverage for prescription drugs, contraception, and mental health care services (see sidebar, The **Affordable Care Act's Ten Essential Health Benefits**).[3]

Clearly, this extension of health insurance coverage is a positive development for many young people. However, there are some who have not reaped the benefits of the ACA.

To mirror the ACA provision for extended coverage of young adults on their parents' private health insurance plans, Section 2004 of the act makes continued coverage of former foster youth via Medicaid mandatory. Effective January 1, 2014, states must cover individuals under age 26 who were both enrolled in Medicaid and in foster care under the responsibility of the state upon attaining age 18—or older if the state has elected to extend eligibility for Title IV-E foster care beyond 18 years old. However, varying state policies regarding this provision, combined with the lack of a coordinated process to inform these young people about their eligibility for Medicaid and to ensure that they are enrolled, have created barriers to access for this already vulnerable population.

This policy brief attempts to make a convincing case to policymakers for helping young people preserve or improve their health as they transition from foster care by supporting the following: (1) proposed legislation 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 foster care, (2) a streamlined application process, and (3) a notification system for ensuring that all young people are aware of their access to health care via ACA when they transition from the child welfare system to life as a young adult.

THE AFFORDABLE CARE ACT'S TEN ESSENTIAL HEALTH BENEFITS

1. Ambulatory Patient Services
Care received without being admitted to a hospital, such as at a doctor's office, clinic, or same-day outpatient surgery center. Also included are home health services and hospice care, although some plans limit coverage to no more than 45 days.

2. Emergency Services
Care received for conditions that could lead to serious disability or death if not immediately treated, such as accidents or sudden illness. Typically, this is a trip to the emergency room, and includes transport by ambulance.

3. Hospitalization
Care received as a hospital patient, including from doctors, nurses, and other hospital staff; laboratory and other tests; medications received during a hospital stay; and room and board. Hospitalization coverage also includes surgeries, transplants, and care received in a skilled nursing facility, such as a nursing home that specializes in the care of the elderly, although some plans limit skilled nursing facility coverage to no more than 45 days.

4. Maternity and Newborn Care
Care that women receive during pregnancy (prenatal care) and throughout labor, delivery and post-delivery, as well as care for newborn babies

5. Mental Health Services and Addiction Treatment
Inpatient and outpatient care provided to evaluate, diagnose, and treat a mental health condition or substance abuse disorder, including behavioral health treatment, counseling, and psychotherapy, although some plans may limit coverage to 20 days each year

6. Prescription Drugs
At least one prescription drug must be covered for each category and classification of federally approved drugs, although limitations do apply and some prescription drugs can be excluded. Some examples: Some insurers cover only generic versions of drugs where generics are available, some medicines are excluded where a cheaper and equally effective medicine is available, or the insurer may impose "step" requirements, with expensive drugs prescribed only after the physician has tried a less costly alternative and found it to be ineffective. Some expensive drugs will need special approval.

7. Rehabilitative Services and Devices
Included are rehabilitative services that help patients recover skills (e.g., speech therapy after a stroke), habilitation services that help patients develop skills (e.g., speech therapy for children), and devices that help patients gain or recover mental and physical skills lost to injury, disability, or a chronic condition. Plans must provide 30 visits per year for either physical or occupational therapy, or visits to a chiropractor. Plans must also cover 30 visits for speech therapy as well as 30 visits for cardiac or pulmonary rehabilitation.

8. Laboratory Services
Testing provided to help a physician diagnose an injury, illness, or condition, or to monitor the effectiveness of a particular treatment. Some preventive screenings, such as breast cancer screenings and prostate exams, must be provided free of charge.

9. Preventive Services, Wellness Services, and Chronic Disease Treatment
This includes counseling, preventive care (e.g., physicals, immunizations, and screenings to prevent or detect certain medical conditions), and care for chronic conditions such as asthma and diabetes.

10. Pediatric Services
Care provided to infants and children, including well-child visits and recommended vaccines and immunizations. Dental and vision care must be offered to children younger than 19. This includes two routine dental exams, an eye exam, and corrective lenses each year.

Source: Adapted from Obamacare Facts: 10 Essential Health Benefits at:http://obamacarefacts.com/essential-health-benefits/

HEALTH NEEDS OF YOUNG PEOPLE IN AND AGING OUT OF FOSTER CARE: A BRIEF OVERVIEW

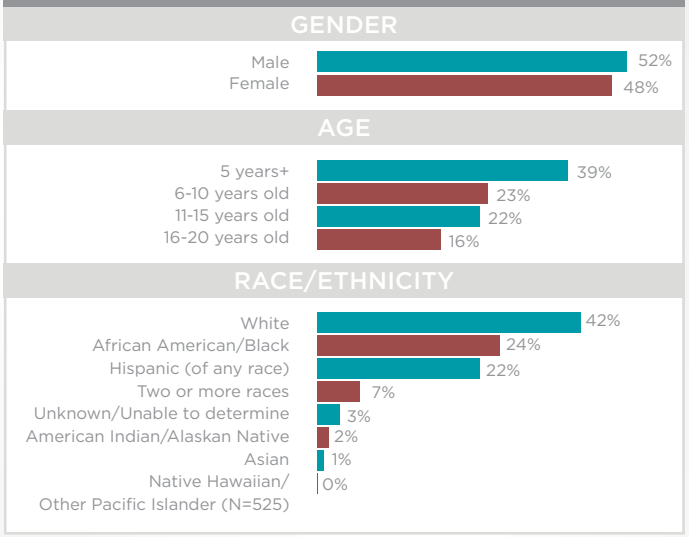
In 2014, there were more than 415,000 children in foster care, a 4 percent increase since 2012 (see Figure 1).[4] Many of these children have chronic — and untreated — health conditions, some of which predate their entry into foster care.,[5,6] According to the Congressional Research Service, 35-60 percent of children placed in foster care have at least one chronic or acute physical health condition that requires long-term treatment (e.g., asthma, diabetes, hearing loss, sickle cell anemia, cognitive abnormalities), and 50-75 percent exhibit social or behavioral problems that may require mental health treatment. Many of these physical and behavioral health problems persist so that, relative to their peers in the general population, those who age out of care continue to have greater health care needs.[7,8]

While in foster care, these children are likely to experience multiple placement changes. Such placement instability can cause frequent changes in health care providers and, in turn, a lack of routine screening for common physical and mental health conditions, incomplete (or nonexistent) medical records, and discontinuity of treatment.[9,10,11] In addition, girls in foster care are 2.5 times more likely than those not in the system to experience a pregnancy by age 19, and close to two-thirds have been pregnant more

than once by age 21 (see sidebar, **Pregnancy and Young Women in Foster Care**).[12]

Most children who enter foster care exit via reunification with their families, adoption, or legal guardianship. However, a significant percentage age out — or reach the age of emancipation — without a permanent home. Of the 238,230 children across the nation who exited foster care in 2014, 9 percent aged out when they were 18 to 21 years old.[13] More than two decades of research has found that these young people are at high risk for a variety of adverse outcomes (e.g., low levels of educational attainment, high unemployment, economic hardships, homelessness, incarceration, and sexual and physical victimization), including physical and/or mental health problems.[14,15] Clearly, the obstacles to healthy development faced by many young people in foster care persist after they leave the child welfare system to live on their own, often with little or no support. For many, those obstacles include no health insurance coverage and thus a lack of access to health care.

Figure 1
CHILDREN IN FOSTER CARE, 2014



PREGNANCY AND YOUNG WOMEN IN FOSTER CARE

Although teenage pregnancy and birth rates are lower now than they have been in several decades (Ventura, Hamilton, & Mathews, 2014; Kost and Henshaw 2012), the pregnancy rate among young women in foster care continues to be very high. Several studies have found that young women in foster care are far more likely to become pregnant than their peers in the general population (Gotbaum 2005; Pecora et al. 2003; Dworsky and Courtney 2010; Putnam-Horstein, Cederbaum, King, and Needell, 2013). Moreover, research suggests that the risk of pregnancy among these young women continues to be high even after they "age out" (Singer 2006; Dworsky and Courtney 2010).

This is important for two reasons. First, although the personal and social costs of teenage pregnancy are greater when children are born to younger (age seventeen and under) compared with older teens, childbearing prior to age twenty is associated with negative outcomes for both young mothers and their children, even when the young mothers are eighteen or nineteen years old (Hoffman 2006). Second, many young women who had been in foster care are not earning enough to support themselves, let alone a child, as many as five to eight years after aging out (Courtney et al. 2011; Dworsky 2005).

Research has found a positive relationship between health insurance coverage and contraceptive use (Culwell and Feinglass, 2007). This includes one study that focused on young women under 25 years old, some of whom were covered by Medicaid (Nearns, 2009). Other research has examined the effects of expanded eligibility for Medicaid or government-funded family planning services. These studies have shown that increasing Medicaid coverage among young women increases their use of family planning services and so reduces their risk for an unintended pregnancy (Dehlendorf et al. 2010; Gold et al. 2009; Frost, Finer, and Tapales 2008).

Although none of these studies of the relationship between health insurance coverage and contraceptive use or pregnancy prevention focused on young women who aged out of foster care, there is no obvious reason why a similar relationship would not be observed among this population. Hence another potential benefit of the extending Medicaid coverage to former foster youth until age 26 is that fewer unintended pregnancies among young women after aging out of foster care.

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THE AFFORDABLE CARE ACT AND FORMER FOSTER YOUTH

Under the ACA, young people who were in foster care and enrolled in Medicaid on their 18th birthday — or older in states that extend foster care beyond age 18 — are eligible for Medicaid until age 26, regardless of their income. Moreover, this provision applies not only to young people who aged out of care beginning on January 1, 2014, when the provision took effect, but also to those who had previously aged out but who were not yet 26 years old.[16] According to an analysis conducted by The Pew Charitable Trusts, approximately 180,000 foster care alumni became eligible for this Medicaid coverage in 2014 (See Figure 2).[17]

In addition, there is a significant difference between the ACA mandatory Medicaid expansion for former foster youth and the broader, optional Medicaid expansion for adults with incomes up to 133 percent of the federal poverty level (FPL).[18] Until age 21, former foster youth are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), Medicaid's benefit package for children. Beginning at age 21, they are eligible for their state's full Medicaid benefit package for adults, not the "alternative benefit plan" that states may define for adults newly eligible under the ACA expansion.

Also complicating matters is the fact that states have long had the option to expand Medicaid coverage to those formerly in foster care until their 21st birthday under the Foster Care Independence Act of 1999 (also called "the Chafee Option") if they were in foster care on their 18th birthday. Although eligibility for Medicaid under the Chafee Option does not require prior Medicaid enrollment or state residency prior to exiting care, states can impose income or asset tests.[19]

Restrictions on Eligibility for Medicaid Coverage via the ACA

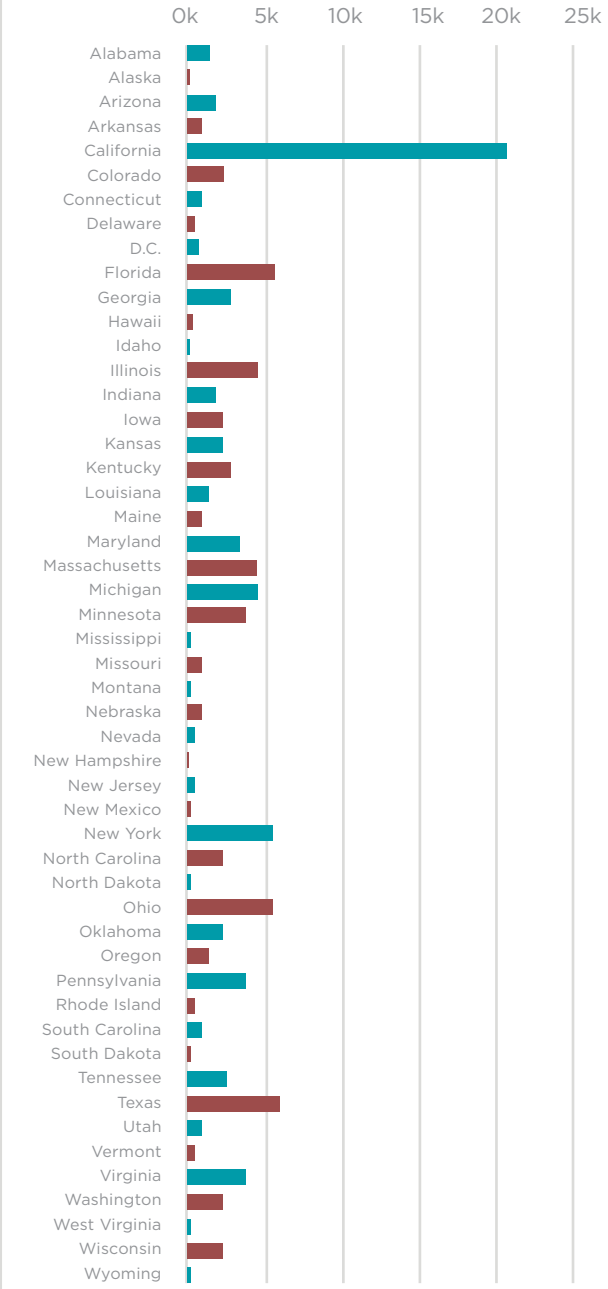
Although the ACA provision extending Medicaid eligibility to former foster youth seems straightforward, some states have denied coverage based on an interpretation of the provision's wording that defines eligible youth as those who had been in the custody of "the state" rather than "a state." Those states have based their decision on a Centers for Medicare and Medicaid Services (CMS) interpretation of that distinction to mean that the ACA mandates only that states extend Medicaid coverage to young people who were in that state's custody when they aged out of care ("the state"), and not to young people who were in the custody of another state ("a state"). This interpretation is reflected in a CMS FAQ document:

Q6: Are individuals who were in foster care and enrolled in Medicaid when they turned age 18 or aged out of foster care in a different state eligible under this group?

A6: We do not believe the statue requires states to cover, under this group, individuals who were in foster care and enrolled in Medicaid when they turned age 18 or aged out of foster care in a different state. However, we believe the statute provides states the option to do so. [20]

Figure 2

FOSTER YOUTH POTENTIALLY ELIGIBLE FOR MEDICAID



SOURCE: C. Vestal, April 30, 2014, States enroll former foster youth in Medicaid, Stateline, Washington, DC: The Pew Charitable Trusts (http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2014/04/30/states-enroll-former-foster-youth-in-medicaid).
NOTE: Stateline analysis of data from the Annie E. Casey Foundation. Estimates are based on the number of 18- to 22-year-olds who exited foster care between 2008 and 2012.

Although the document also states that the publication of a final regulation would follow, it has yet to be released.

Supported by this interpretation, an alarming majority of states are denying Medicaid coverage to young people who aged out of foster care in other states.[21] In fact, on April 1, 2016, only 13 states had opted to extend Medicaid coverage to all former foster youth, regardless of the state in which they aged out (Table 1). Unfortunately, no reliable data exist on the number of young people who have been denied Medicaid coverage because they moved to a state not listed below.

Promoting the Health of Youth in Foster Care but Not Those Who Have Aged Out

It is paradoxical that some of the states that have taken significant steps to promote the health of children while they are in foster care through electronic health care passports, data sharing requirements, and other mechanisms have chosen not to extend Medicaid coverage to young people who aged out in another state. Texas, Arizona, and Florida are three notable examples (See sidebar, **States Promoting Children's Health but Denying Medicaid Access to Aged-Out Foster Youth**).
By contrast, child welfare advocates and others have

Table 1

STATES PROVIDING MEDICAID COVERAGE TO ALL FORMER FOSTER YOUTHS WHO AGED OUT

California	New Mexico
Georgia	New York
Kentucky	Pennsylvania
Louisiana	South Dakota
Massachusetts	Virginia
Michigan	Wisconsin
Montana	

STATES PROMOTING CHILDREN'S HEALTH BUT DENYING MEDICAID ACCESS TO AGED-OUT FOSTER YOUTH FROM OTHER STATES

TEXAS

In 2008, the Texas Health and Human Services Commission launched a health passport program with a $4 million grant from the Department of Health and Human Services. This program created electronic health passports for 30,000 children in foster care containing medical records and other information such as insurance claims that can be accessed and updated via a Web-based interface by guardians, doctors, and "medical consenters."[1]

ARIZONA

In addition to covering preventative care with no co-pays, Arizona's Comprehensive Medical and Dental Medicaid program allows data sharing between the Department of Economic Security and Child Protective Services (CPS) so that Medicaid eligibility can be established within five days of a child's entry into the CPS system. The program also enables young people to take their medical histories with them when they leave care.[2]

FLORIDA

Since 2009, Florida's Department of Children and Families has been required to keep medical (as well as education and employment) records of children who have been in foster care and make them accessible to former foster youth until their 30th birthday.[3]

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[1] Naditz, A. (2008). Texas foster care system implements electronic health passport program. Telemedicine and eHealth 14(9): 867.
[2] The Arizona Comprehensive Medical and Dental Medicaid program is described on the Arizona Department of Child Safety website: https://dcs.az.gov/cmdp.
[3] Golonka, S. (2010). The Transition to Adulthood: How States Can Support Older Youth in Foster Care. Washington, D.C.: National Governors Association Center for Best Practices. Retrieved November 24, 2015, from: http://www.nga.org/files/live/sites/NGA/files/pdf/1012FOSTERCARE.PDF.

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 flier[37] 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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[39] These are only three of the many stories former foster youths have shared about the barriers they have encountered when trying to access health care: http://www.npr.org/sections/health-shots/2015/10/01/444779762/many-former-foster-youths-dont-know-they-have-health-care, http://www.reuters.com/article/2015/10/22/us-health-fostercare-teens-idUSKCN0SG2OX20151022#QYvIrGFCIyB6pKpK.97, and https://www.texastribune.org/2015/11/14/texas-accused-denying-health-coverage-foster-youth/.

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