DMA ADMINISTRATIVE LETTER NO: 14-13, MEDICAID TO FORMER FOSTER CARE CHILDREN (MFC)

DATE: January 6, 2014

SUBJECT: Eligibility for Former Foster Care Children

DISTRIBUTION: County Directors Medicaid Eligibility Staff

I. BACKGROUND

The Patient Protection and Affordable Care Act (ACA) require a new mandatory coverage group. Effective January 1, 2014, ACA requires states to cover former foster care children up to the age of 26 if certain criteria are met.

Individuals who turned age 18 while in North Carolina Foster Care may be eligible for Medicaid when they do not fall into any other Medicaid eligibility category or any eligibility category for other public health care coverage.

The purpose of this administrative letter is to provide policy and guidance regarding this change.

II. POLICY PRINCIPLES

A. New Aid Category

- 1. New category is Medicaid to Former Foster Care Children (MFC).
- 2. Applicable classification code of "N" or "NG" for aliens.
- 3. MFC beneficiaries receive full Medicaid coverage.
- 4. MFC is in NCFAST P7.

B. Eligibility Requirements for MFC Beneficiaries

- 1. Must be age 18 to 26,
- 2. Was in foster care at age 18 and enrolled in NC Medicaid,
- 3. A resident of NC,
- 4. Not receiving Medicaid from another state,
- 5. Not an inmate of a public institution, and

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6. Have furnished their social security number, and applied for all benefits to which they are entitled.

Verify citizenship and identity following instructions in MA-3331.

There is no income or resource test for MFC.

C. County Residency

The applicant/beneficiary has residence in the county in which he/she lives.

III. APPLICATION

Applications taken during the open enrollment period of 10/01/13 through 12/31/13 must be evaluated using traditional (application 1) and/or MAGI (application 2) budgeting methodologies. There should be 2 applications.

Eligibility (ongoing or retro) coverage is not allowable for any month prior to January 1, 2014.

A. Applications taken during open enrollment period <u>and</u> processed prior to January 1, 2014

- 1. Evaluate application 1 for traditional Medicaid using traditional income and budgeting procedures.
 - a. If eligible for traditional Medicaid, approve and follow traditional application processing requirements for aid program categories available prior to January 1, 2014.
 - b. If ineligible for traditional Medicaid, deny the application, and
 - Evaluate application 2 for MAGI Medicaid, (if there is no second application, enter an application in P7 NCFAST) follow instructions given in <u>Administrative Letter 06-13</u>, and <u>06-13</u> <u>addendum 1</u>.

B. Applications taken on or after January 1, 2014

Evaluate application for all programs. If not eligible for MIC or MAF, evaluate for MFC if the individual indicates they were former foster care child.

C. Retroactive

Retro period may be 1, 2, or 3 months prior to the month of the Medicaid application in which there is a medical need. Eligibility under MFC can begin no earlier than January 1, 2014.

D. Certification Period

Ongoing certification period is 12 months, and begins with the month of application. In the event the beneficiary will turn age 26 during the certification period, the certification period ends the last day of the month the beneficiary turns 26 years of age.

E. Managed Care

MFC beneficiaries are required to enroll Community Care of North Carolina (CCNC)/Carolina Access (CA).

F. Current HSF/IAS Foster Care Children

- 1. Evaluate eligibility for all programs.
- 2. If ineligible, evaluate for MFC if NC Foster Care and Medicaid.
- 3. Enter an application in P7 NCFAST.

IV. CASE MAINTENANCE

A. Redetermination

An ex-parte review (a determination of Medicaid eligibility from an existing record such as from the SDX, county record, etc.) must be completed every 12 months to determine continuing eligibility. The redetermination is without regard to income or assets through the month the beneficiary turns age 26.

At age 26 evaluate for all other programs.

B. County Transfer

NCFAST (North Carolina Families Accessing Services through Technology)

The effective date of the county transfer is the first day of the month following the submission. Case history is updated to include the transfer information.

V. PREGNANCY AND AUTO NEWBORN

If the beneficiary receiving Medicaid under MFC is pregnant or becomes pregnant, she receives pregnancy related care covered by Medicaid under MFC through the month of her 26th birthday. The beneficiary must be evaluated for coverage under other Medicaid programs should the Medicaid coverage under MFC end, including MPW through the end of the post-partum period, if applicable.

If the beneficiary delivers her baby while covered by Medicaid under MFC, the baby is entitled to auto newborn coverage from the date of birth through the month of turning age 1.

If you have any questions regarding this information, please contact a Medicaid Program Representative.

Sandra Terrell, MS, RN Acting Director

ST/pc

(This material was researched and written by Pam Cooper, Policy Consultants, Medicaid Eligibility Unit).