H-3100  FORMER FOSTER CARE CHILDREN

H-3110  GENERAL INFORMATION

In accordance with §1902(a)(10)(A)(i)(IX) of the Patient Protection and Affordable Care Act (ACA) of 2010, Medicaid coverage must be extended to all individuals under age 26 who were formerly children in foster care. **

These individuals are applicants/enrollees, under 26 years of age, who were receiving Medicaid and were in foster care under the responsibility of the state at the time of their 18th birthday.

For detailed information regarding specific foster care category/type cases that are eligible, refer to the Application Processing (Non-LTC) chapter or Renewal Processing (Non-LTC) chapter of the BHSF Eligibility Administrative Procedures Manual.

There is no income or asset test required and enrollees may have other insurance and remain eligible.

Former Foster Care Children (FFC) may also be applicants/enrollees who lost eligibility due to moving out of state, but re-established residency prior to reaching age 26.

H-3110.1  COVERAGE

Individuals enrolled in FFC are eligible for the full range of Medicaid covered services.

H-3120  ELIGIBILITY DETERMINATION PROCESS

Determine eligibility by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

H-3120.1  DETERMINE ASSISTANCE UNIT

The assistance unit consists of the applicant/enrollee that was formerly
a child in foster care and is no longer in state custody.

**H-3120.2 ESTABLISH CATEGORICAL REQUIREMENT**

Establish that the applicant/enrollee:

- Is at least age 18, but under age 26;
- Currently lives in Louisiana;
- **Was a child in foster care in Louisiana’s custody upon reaching age 18:**
- Was enrolled in Louisiana Medicaid upon reaching age 18; and
- Is not eligible or enrolled for mandatory coverage in another Medicaid program.

**Note:**

If an individual is eligible for both the FFC program and the optional Adult Group program, enroll the individual in FFC.

**H-3120.3 ESTABLISH NON-FINANCIAL ELIGIBILITY**

Verify eligibility with regard to the following factors:

- **Age - MAGI-Related** I-100
- **Assignment of Third Party Rights** I-200
- **Citizenship/Alien Status** I-300
- **Enumeration** I-600
- **Residence** I-1900

**H-3120.4 ESTABLISH NEED**

There are no income or resource tests in determining eligibility.
H-3120.5  ELIGIBILITY DECISION

Evaluate all requirements to determine eligibility.

H-3120.6  CERTIFICATION PERIOD

The certification period may be effective no earlier than three (3) months prior to the application date provided the individual is otherwise eligible. The months of retroactive coverage are not included in the twelve (12) month certification period. The twelve (12) month certification period begins with the month of application.

Retroactive medical eligibility shall be explored for the three months prior to the month of application. Refer to H-1800 Retroactive Medical Eligibility (RME).

Note:
Prior to closure of Former Foster Care Children, eligibility in other programs must be explored.

H-3120.7  NOTICE OF DECISION

Send the appropriate notice of decision to the applicant/enrollee.