CONNECTICUT VOICES FOR CHILDREN

Ensuring Health Care Coverage For Youth Who "Age Out" of Foster Care

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Greater health care needs of youth in foster care. Summarizing various studies over the last twenty years, the Kaiser Family Foundation reports that children in foster care have much higher rates of chronic physical disabilities, birth defects, developmental delays, and serious emotional and behavioral problems than children from the same socio-economic background who are not in out-of-home care. Because poor health and serious health conditions are common among children and youth in foster care, periods without health insurance are especially dangerous for these youth. Evidence suggests that people will forego necessary medical care during periods without health insurance.

Connecticut's role in providing coverage. Youth who are discharged from foster care often lack the supports that other young adults rely on in the transition to independent living. It is especially hard for youth who "age out" of foster care at age 18 to take advantage of educational opportunities, find gainful employment, and establish successful independence as compared to their peers who can turn to parents and other families in times of challenge and crisis. As the legal parent of foster children, the state has a special obligation to help young people who leave foster care for independent living to get on their feet. Jobs that these youth secure commonly pay low wages and are not likely to offer health insurance. Meeting the health care needs of these very at-risk youth is essential to ensuring positive outcomes.

Connecticut now provides health insurance to youth who "age out" of foster care. Taking advantage of a new Medicaid option in the Chafee Foster Care Independence Act, Connecticut recently expanded eligibility for its HUSKY A (Medicaid) program to provide federally-subsidized health care coverage to youth who age out of foster care at age 18. The youth remain eligible for Medicaid until their 21st birthday. This was an important, and cost-effective, step in promoting positive outcomes for youth formerly in state care, but more is needed to make this *promise* of health insurance a reality for all youth who have aged out of care.

Not all Connecticut youth who are eligible for health care coverage under this new expansion are actually enrolled. With the exception of youth who have moved out of Connecticut, *all* Connecticut youth who were in foster care on their 18th birthday, and who are now aged 18, 19, or 20, are eligible for Medicaid. With about 700 Connecticut foster youth turning 18 each year, as many as 2,100 youth may currently be eligible for Connecticut's HUSKY A (Medicaid) program. However, on February 1, 2006, there were only 484 youth enrolled in this special coverage group, or about one-quarter of the potentially eligible youth.

Ensuring former foster youth get enrolled in Medicaid. For youth, families, and social service providers, it can be difficult to keep up to date with recent Medicaid expansions and changes in state sponsored health care. It is also hard to navigate the application process for coverage. To ensure that youth who age out of foster care get enrolled, the Department of Social Services and the Department of Children and Families developed a protocol by which eligibility staff move foster youth from their current coverage group (DO1, DO2) to their new coverage group (DO4), effective on the youth's 18th birthday. However, much more outreach and enrollment assistance is needed to enroll the youth who aged out of state care before this expansion in eligibility, and who still remain eligible.

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