

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201902 JANUARY 8, 2019

IHCP clarifies guidelines regarding Medicaid eligibility for former foster care youth

The following guidance outlines special Medicaid provisions for individuals who have been verified as former foster care youth, meaning individuals who turn 18 years of age while still in foster care. These individuals are automatically eligible for Medicaid under one of two eligibility categories up to a certain age:

■ **Out-of-state former foster care youth (eligibility category MA14):**

Individuals who were in foster care in another state on their 18th birthday. Medicaid eligibility extends from their 18th birthday to their 21st birthday. These individuals must meet established income limits and are required to go through annual eligibility redeterminations. This is not a common category.

■ **Former Indiana foster care youth (eligibility category MA15):**

Individuals who were in Indiana's foster care system on their 18th birthday. Medicaid eligibility extends from their 18th birthday to their 26th birthday. These individuals do not have to meet income limits and are not required to go through annual eligibility redeterminations.



Both categories of former foster care youth are eligible for full Medicaid benefits. These members are auto-assigned to receive services under the fee-for-service (FFS) delivery system. If the member chooses, he or she can opt instead to enroll with a health plan in the Hoosier Care Connect managed care program.

Neither category of former foster care youth participate in the Medicaid community engagement program, Gateway to Work. Only members enrolled in the Healthy Indiana Plan (HIP) take part in the Gateway to Work program. After a former foster care youth ages out of their eligibility category – either on his or her 21st or 26th birthday, as defined above – he or she will no longer be considered “former foster care youth” for Medicaid eligibility purposes. He or she will automatically be reevaluated for eligibility under other Medicaid categories, including eligibility for enrollment in HIP; completion of a new *Indiana Application for Health Coverage* application is not necessary for reevaluation.

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