Report on Medicaid Coverage for Former Foster Children

As Required by
House Bill 1, 86th Legislature,
Regular Session, 2019 (Article II,
HHSC, Rider 35)

Texas Health and Human Services
Commission

November 2019
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Executive Summary

The 2020–21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 35), requires the Texas Health and Human Services Commission (HHSC) to evaluate the number of youth formerly in foster care who do not renew their Medicaid and therefore do not maintain continuous coverage until age 26. Additionally, Rider 35 requires HHSC to develop recommendations to improve the rate of youth formerly in foster care who maintain continuous health care coverage. This information must be submitted in an annual report by November 1 of each year to the Governor, the Legislative Budget Board, the Speaker of the House, the Lieutenant Governor, and members of the Senate Finance Committee and House Appropriations Committee.

With the implementation of the Affordable Care Act (ACA), youth who age out of foster care in Texas at age 18 or older and who were receiving federally funded Medicaid when they aged out are eligible to receive Medicaid until age 26 through the Former Foster Care Children (FFCC) program.

To address the unique needs and challenges youth formerly in foster care experience, beginning in fiscal year 2016, HHSC, in collaboration with the Department of Family and Protective Services (DFPS), implemented numerous strategies to assist these youths with maintaining Medicaid coverage. Data indicates the strategies were successful in improving the FFCC Medicaid retention rate. However, even with these additional strategies, in fiscal year 2018, 798 youth who were potentially eligible for continuous Medicaid coverage until age 26 were denied Medicaid before aging out of the program.¹

This report:

- Provides an overview of the FFCC program;
- Explores the unique challenges youth formerly in foster care experience that may prevent them from maintaining Medicaid coverage;
- Documents the number of FFCC recipients who were not able to maintain continuous Medicaid coverage;

¹ This number represents the total number of denials from fiscal year 2018, minus the number of youth who aged out of the program and minus the number of youth who voluntarily withdrew from the FFCC Medicaid program.
• Discusses the improvement strategies HHSC implemented in fiscal year 2016 and fiscal year 2017 to assist youth with maintaining their Medicaid coverage; and
• Identifies strategies HHSC and DFPS will consider implementing in the upcoming fiscal year to improve the number of youth who maintain continuous health care coverage.
1. Introduction

HHSC, in collaboration with DFPS, initiated numerous strategies in fiscal year 2016 and fiscal year 2017 to assist youth with maintaining their Medicaid coverage. These strategies included:

- Removing barriers that prevented youth from accessing eligibility information;
- Implementing eligibility system automation changes that identify youth as being formerly in foster care instead of relying on youth to self-identify;
- Assigning specialized eligibility staff to process the FFCC applications, renewals, and changes; and
- Implementing additional processes to locate the youth’s current mailing address if HHSC receives returned mail.

As required by Rider 35, HHSC and DFPS will continue to develop and, as appropriate, implement strategies to improve the rate in which youth maintain their health care coverage until they age out of the program.
2. Background

With the implementation of ACA, youth who age out of foster care in Texas at age 18 or older and who were receiving federally funded Medicaid when they aged out are eligible for the FFCC program until their 26th birthday, if they continue to meet the eligibility criteria.²

Medicaid recipients, including youth formerly in foster care, must renew their Medicaid eligibility once every 12 months.³ Prior to requesting information from the person, HHSC’s eligibility system uses electronic data sources to attempt to verify the required eligibility criteria. Eligibility is automatically renewed for a new 12-month certification period without requiring the youth to provide an application or additional information if eligibility can be verified through electronic data sources. If eligibility cannot be verified through electronic data sources, an application and any requested verification must be provided. FFCC coverage is denied if an application and/or the requested verification is not provided.

Additionally, individuals receiving FFCC are required to timely report all address changes. This ensures they are able to receive the correspondence needed to maintain Medicaid coverage. FFCC coverage must be denied if HHSC receives returned mail during the FFCC certification period and HHSC is unable to locate a new address.

HHSC has worked and continues to work with DFPS and stakeholders to improve FFCC Medicaid retention and has educated and informed youth of the importance of reporting address changes.

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² 42 CFR §435.150 Former foster care children.
³ 42 CFR §435.916 Periodic renewal of Medicaid eligibility.
3. Medicaid Coverage for Former Foster Children

Eligibility Criteria

To be eligible for the FFCC program, a person must:

- Have aged out of foster care in Texas at age 18 or older;
- Be age 18 through 25;
- Have been receiving Medicaid when the person aged out of foster care; and
- Meet all other Medicaid eligibility criteria such as United States citizenship/immigration status and Texas residency.

Income is not used to determine eligibility for the FFCC program.\(^4\)

Population

The FFCC program was implemented on January 1, 2014. The average monthly caseload continues to grow each fiscal year.

Table 1. Average Monthly Enrollment by Fiscal Year

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Average Monthly Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY15</td>
<td>3,507</td>
</tr>
<tr>
<td>FY16</td>
<td>3,723</td>
</tr>
<tr>
<td>FY17</td>
<td>3,933</td>
</tr>
<tr>
<td>FY18</td>
<td>4,175</td>
</tr>
</tbody>
</table>

As of December 2018, 4,564 youth were enrolled in the FFCC program.

Auto-Enrollment to FFCC Program

Youth do not need to apply for FFCC Medicaid when they age out of foster care. When youth who receive Medicaid under the foster care program age out, DFPS sends the youth’s information, which includes name, last known address,\(^5\) and Social Security number, to the HHSC eligibility system (Texas Integrated Eligibility Redesign System) through an automated interface.

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\(^{4}\) 42 CFR §435.150 Former foster care children.

\(^{5}\) This could be the youth’s last foster home residence.
The HHSC eligibility system uses this information to certify the youth for FFCC Medicaid. By using this process, youth are able to transition from Foster Care Medicaid to FFCC Medicaid without a gap in Medicaid coverage.

**Renewal Process**

Once certified, the youth must renew their Medicaid eligibility once every 12 months.\(^6\) To maintain FFCC program eligibility, the youth must be a Texas resident and, if applicable, have a valid Medicaid-eligible immigration status.\(^7\) HHSC redetermines eligibility without requiring additional information from the youth if verification is available through electronic data sources.\(^8\)

During the ninth month of the FFCC 12-month certification period, the HHSC eligibility system automatically attempts to use electronic data from the following sources to verify eligibility:

- LexisNexis Consumer Instant ID, which includes data from the Department of Public Safety to verify the person’s residency; and
- Department of Homeland Security Systematic Alien Verification for Entitlements program to verify the immigration status of noncitizen youth whose immigration documents expire during the current certification period.

Figure 1 below outlines the steps HHSC takes when eligibility is determined electronically and when it cannot be determined electronically.

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\(^6\) 42 CFR §435.916 Periodic renewal of Medicaid eligibility.

\(^7\) 42 CFR §435.403 State Residence and 42 CFR §435.406 Citizenship and non-citizen eligibility.

\(^8\) 42 CFR §435.916 (a)(2) Periodic renewal of Medicaid eligibility.
### Figure 1. Eligibility Verification

<table>
<thead>
<tr>
<th>Eligibility Verified Electronically</th>
<th>Eligibility Not Verified Electronically</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHSC sends:</td>
<td>HHSC sends:</td>
</tr>
<tr>
<td>• Form H1211, <em>It’s Time to Renew Your Health-Care Benefits Cover Letter</em>,&lt;sup&gt;9&lt;/sup&gt; which:</td>
<td>• Form H1211, <em>It’s Time to Renew Your Health-Care Benefits Cover Letter</em>, which:</td>
</tr>
<tr>
<td>‣ Notifies the youth they must review the information on their pre-populated renewal Form H1206-FFCC, <em>Health-Care Benefits Renewal</em>,&lt;sup&gt;10&lt;/sup&gt; for accuracy;</td>
<td>‣ Notifies the youth they must complete and return a signed pre-populated renewal Form H1206-FFCC, <em>Health-Care Benefits Renewal</em>, and send required verification to redetermine eligibility;</td>
</tr>
<tr>
<td>‣ Indicates the youth is only required to sign and return Form H1206-FFCC if the information on the form is incorrect or if there are changes to the youth’s case;</td>
<td>‣ Instructs the youth on how to complete the renewal form online through their YourTexasBenefits.com account; and</td>
</tr>
<tr>
<td>‣ Instructs the youth on how to review or complete information on the renewal form online through their YourTexasBenefits.com account;</td>
<td>‣ Instructs the youth on how to request a paper form if they are unable to go online.</td>
</tr>
<tr>
<td>‣ Instructs the youth on how to request a paper form if they are unable to go online.</td>
<td></td>
</tr>
</tbody>
</table>

FFCC youth are required to verify residency and immigration status if HHSC is unable to verify this information using electronic data sources.

If eligibility cannot be verified electronically, the youth must complete a renewal form and provide the requested verification. When a final eligibility determination

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<sup>9</sup> Appendix C provides a sample of Form H1211, *It’s Time to Renew Your Health-Care Benefits Cover Letter.*

<sup>10</sup> Appendix C provides a sample of Form H1206-FFCC, *Health-Care Benefits Renewal.*
has been made, HHSC mails Form TF0001, **Notice of Case Action**, to notify an applicant or recipient:

- When coverage starts;
- When coverage ends;
- How to report changes; and
- The right to appeal.

**Coordination with DFPS**

DFPS provides programs and services for youth aging out of DFPS care through its Transitional Living Services (TLS) program. The TLS program works to improve and expand transition and discharge services for youth age 14 and older who are likely to remain in foster care until at least age 18 or up to age 21. The most significant program in TLS is the Preparation for Adult Living (PAL).

The DFPS PAL program is designed to help support youth in foster care with developing the knowledge and skills needed to successfully transition to adult living. One of the topics reviewed in the PAL program is FFCC Medicaid. To help youth understand the FFCC program and the importance of maintaining their enrollment, DFPS coordinated with HHSC to develop an informational flyer which includes:

- Information about the ability of youth formerly in foster care to receive Medicaid until age 26;
- Eligibility criteria for FFCC Medicaid;
- How to apply for, if denied after the initial automatic certification, and renew Medicaid benefits;
- Instructions for completing the application; and
- The importance of reporting address changes within 10 days.

The FFCC Medicaid flyer can be found here: [https://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/Transition_al_Living/documents/Medicaid_Benefits_Handout.pdf](https://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/Transition_al_Living/documents/Medicaid_Benefits_Handout.pdf).

PAL contractors or PAL staff provide the FFCC Medicaid flyer to youth during the health section of their life skills training curriculum, at Aging-Out Seminars, and during other state and regional events. Youth may also receive the FFCC Medicaid flyer when participating in other TLS services. Furthermore, DFPS continually works to provide information about FFCC Medicaid to youth through its educational materials; its network of state and local community stakeholders, including foster
parents, judges, and Court Appointed Special Advocates; state and regional teen conferences and events; and in one-on-one meetings with youth.

Additionally, the FFCC Medicaid flyer is posted in all regional transition centers. The transition centers provide a central clearinghouse for many partners to serve youth age 15.5 to 25 who are in the process of aging out or have aged out of foster care. A list of regional transition centers with contact information is available at: http://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/Transitional_Living/transition_centers.asp.

Youth up to age 21 may also receive information about FFCC Medicaid when they volunteer to participate in PAL aftercare case management services. This program supports youth currently and formerly in foster care to successfully transition from DFPS custody to living on their own. Community contractors or PAL staff provide case management. Efforts are made to partner with local housing authorities, workforce development boards, and other community resources to ensure that youth in need receive services to help them achieve successful outcomes. DFPS reports that young adults participating in this program typically remain in contact with their PAL staff through telephone, instant messaging, and email until they turn age 21. A small percentage of these youth remain in contact with PAL staff until age 26. With the urging of staff, some young adults will also provide their current address, telephone number, and/or email address to their PAL staff if their current living arrangement is stable and not short-term.

Table 2. Youth Served through Aftercare Case Management Services

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Youth Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY16</td>
<td>2,526</td>
</tr>
<tr>
<td>FY17</td>
<td>2,391</td>
</tr>
<tr>
<td>FY18</td>
<td>2,942</td>
</tr>
<tr>
<td>Total</td>
<td>7,859</td>
</tr>
</tbody>
</table>

Challenges to Maintaining Continuous Medicaid Coverage

Youth formerly in foster care experience unique challenges that may make it difficult for them to maintain or renew their FFCC Medicaid. These challenges include, but are not limited to:
• Transient living arrangements that either cause the youth not to receive HHSC correspondence, such as the request for information or their annual renewal documents, or that cause the correspondence to be returned to HHSC as returned mail;
• Lack of knowledge about:
  ‣ The importance of submitting requested information to maintain Medicaid coverage,
  ‣ The importance of reporting address changes,
  ‣ How to reapply or renew FFCC Medicaid and report address changes, and
  ‣ How to obtain information about their case; and
• Transportation challenges.

Denials
From fiscal year 2014 to fiscal year 2018, the two most common reasons a youth did not maintain continuous Medicaid coverage until age 26 were:

• The youth did not submit the FFCC renewal form or other information needed to renew their Medicaid; and
• HHSC correspondence for the youth was returned, and HHSC was unable to locate the youth.

Table 3. Most Common Denial Reasons (FY14–FY18)

<table>
<thead>
<tr>
<th>Denial Reason</th>
<th>Percentage of Total Denials</th>
<th>Associated Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to provide requested information (renewal packet or verification documents)</td>
<td>57%</td>
<td>Transient living arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of knowledge about the importance of submitting requested information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of knowledge about how to renew FFCC Medicaid</td>
</tr>
<tr>
<td>Unable to locate</td>
<td>16%</td>
<td>Transient living arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of knowledge about the importance of reporting the change and how to report an address change</td>
</tr>
</tbody>
</table>

From fiscal year 2014 to fiscal year 2018, 2,727 youth were denied Medicaid because they did not return their renewal packet. An additional 194 youth were denied because they did not return the verification needed to renew their

10
Medicaid.11 Through a targeted case review, HHSC determined that 98 percent of cases that were denied for failure to provide requested verification were denied for residency and that two percent were denied for expired immigration documents and failure to provide updated documents.

**Previous Processes and System Modifications to Address Challenges**

When the FFCC program was first implemented on January 1, 2014 (fiscal year 2014), the field eligibility staff who handled statewide applications and redeterminations may not have been as familiar with FFCC Medicaid policy as they were with policy for the larger Medicaid programs. In addition, HHSC did not provide any accommodations for youth regarding administrative processes, such as providing a simplified process for youth who call 2-1-1 to obtain case information. As a result, from fiscal year 2014 to fiscal year 2015, 1,421 youth who were potentially eligible for continuous Medicaid coverage until age 26 were denied Medicaid before they aged out of the program.12 To address the number of youth who were denied before aging out of the FFCC program, HHSC began working with DFPS and other stakeholders in fiscal year 2016 to collaboratively develop and implement new procedures to help mitigate some of the challenges youth experience with maintaining continuous Medicaid coverage.

The following are business process changes that HHSC implemented during fiscal year 2016 and fiscal year 2017. With these changes, the number of FFCC Medicaid denials decreased from 1,361 to 1,264 youth (a total of 97 youth) from fiscal year 2016 to fiscal year 2017 and then decreased again from 1,264 to 1,042 youth (a total of 222 youth) from fiscal year 2017 to fiscal year 2018.

**Outreach**

HHSC conducted webinars about FFCC Medicaid to provide guidance and training to stakeholders so that they could support youth with submitting changes, completing and submitting their renewal packets, and reapplying for Medicaid if they were denied before turning age 26.

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11 Appendix A provides detailed data about FFCC Medicaid denials.
12 This number represents the total number of denials from fiscal year 2014 to fiscal year 2015, minus the number of youth who aged out of the program and minus the number of youth who voluntarily withdrew from the FFCC Medicaid program.
**Training**

HHSC updated the basic skills training curriculum and job aids for new field eligibility staff to include more information about FFCC Medicaid policy and conducted additional refresher trainings about FFCC Medicaid for current field and specialized eligibility staff.

**Authentication Process**

Before HHSC staff can provide information about a person’s case, staff must authenticate the person’s identity. The authentication process HHSC uses is similar to what is used to verify a person’s identity for banking or credit card accounts. The person is required to provide their case number and demographic information and must answer additional authentication questions, which could include confirming their home address during a specified period.

Youth formerly in foster care may not know answers to the questions typically asked by HHSC staff when authenticating identity. For example, many youth may have had numerous residences while in foster care and may not recall the address of a previous foster home or when they lived at each address. To assist youth with accessing their case information, HHSC modified its authentication process in fiscal year 2016. These youth are only required to provide their date of birth and Social Security number to authenticate their identity.

**Specialized Eligibility Staff**

When compared to the total number of people enrolled in Medicaid, the population of the FFCC program is very small. In December 2018, 4,564 youth were enrolled in FFCC Medicaid, which represented only 0.12 percent of the total December 2018 Medicaid population.

When the FFCC program was implemented in Texas, statewide eligibility staff processed FFCC Medicaid actions. The FFCC program is relatively small in comparison to other Medicaid programs which have different eligibility criteria, and field eligibility staff may not have been as familiar with FFCC Medicaid policy as they were with policy for the larger Medicaid programs. As a result, some field eligibility staff did not process these actions correctly which resulted in inaccurate denials.

Beginning fiscal year 2016, HHSC only allows specialized eligibility staff, who are specifically trained, to process FFCC applications, renewals, and changes. Additionally, when youth contact HHSC by calling 2-1-1, they are routed to these specialized eligibility staff who are trained to assist them.
Furthermore, HHSC reviews all FFCC denials monthly to ensure the denials are accurate. Case reviews indicate that in fiscal year 2018, 94.26 percent of the FFCC denied cases were denied accurately. If staff conducting the review identifies an inaccurate denial, staff immediately reinstates the youth’s Medicaid.

**Application Process**

In general, all youth are enrolled in FFCC Medicaid through an automated interface and do not need to apply for health care coverage. However, there may be situations in which they need to reapply for Medicaid if the youth cannot be located.

Youth can reapply for Medicaid by submitting:

- A simplified application (Form H1205, *Texas Streamlined Application*), which is used only to apply for health care services; or
- The integrated application (Form H1010, *Texas Works Application for Assistance – Your Texas Benefits*), if the youth chooses to apply for other benefits, such as the Supplemental Nutrition Assistance Program or Temporary Assistance for Needy Families, in addition to Medicaid.

Although youth can visit a local eligibility office to submit an application, they are not required to apply for benefits in person. They can also submit their application:

- By mail or fax;
- Online through YourTexasBenefits.com; or
- By calling 2-1-1 and submitting an application over the phone with a telephonic signature.

In addition, when the FFCC program was first implemented, there was not a way for the eligibility system to automatically determine if an applicant was eligible for FFCC because the applicant had aged out of foster care, unless the applicant had answered the former foster care question on the application. Not having this ability sometimes caused HHSC eligibility staff to incorrectly deny a youth’s Medicaid application because the youth was over age 18 and did not meet the eligibility requirements to qualify for other adult Medicaid programs.

To help mitigate this issue, HHSC modified the eligibility system in fiscal year 2017 to automatically identify a person as a youth who aged out of foster care regardless of how or if a person answers the former foster care question on the application. This change helps to ensure that youth who meet the FFCC eligibility criteria receive FFCC Medicaid. It is important that these youths are identified as such since FFCC Medicaid eligibility criteria only requires that they have aged out of foster care and were receiving Medicaid when they aged out. Other adult Medicaid programs
require an income test and other eligibility criteria such as caring for a dependent child(ren) or having a disability.

**Report of Address Change**

All Medicaid recipients, including youth who receive FFCC Medicaid, can report an address change to HHSC in the following ways:

- Online through YourTexasBenefits.com;
- Via the Your Texas Benefits mobile app;
- By calling 2-1-1;
- In person at a local eligibility office; and
- In writing by mail or fax.

However, sometimes youth do not report their address change, and HHSC correspondence is returned as undeliverable. As federally required, a person must maintain their Texas residency to continue receiving FFCC Medicaid in Texas. Returned mail makes the person’s residency in Texas questionable.

When mail is returned for any Medicaid recipient, HHSC staff attempts to contact the person by phone to obtain the new address. If the person cannot be reached by phone, staff inquires into the Social Security Administration system for a new address if the person or someone living in their household receives Social Security benefits. If after following these steps HHSC staff cannot locate a new address, the person’s benefits are denied for being “unable to locate.”

Since these youths may have transient living arrangements, in fiscal year 2016, specialized eligibility staff was required to complete an additional step to try to locate the youth’s new address prior to denying coverage. Staff must contact the youth’s Medicaid managed care plan and DFPS PAL staff to determine if either have an updated address on file.

If staff still cannot locate the youth’s current address after completing this additional step, the youth’s FFCC Medicaid is denied.

After this additional step was implemented in fiscal year 2016, the number of youth whose FFCC Medicaid was denied for being “unable to locate” decreased in fiscal year 2017 but slightly increased in fiscal year 2018.
Table 4. Number and Percentage of Cases Denied for Being Unable to Locate

<table>
<thead>
<tr>
<th>Number and Percentage of Cases Denied</th>
<th>FY15(^{13})</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>132 (3.8%)</td>
<td>287  (7.7%)</td>
<td>162  (4.1%)</td>
<td>191  (4.6%)</td>
</tr>
</tbody>
</table>

**Future Strategies for Increasing Continuous Medicaid Coverage**

Since modifying business processes in fiscal year 2016 and fiscal year 2017, HHSC has noted a decrease in the number of youth who do not maintain continuous Medicaid coverage until age 26. Data indicates that 344 fewer youth were denied FFCC Medicaid in fiscal year 2018 than in fiscal year 2015.\(^{14}\) However, even with these additional strategies, in fiscal year 2018, 798 youth who were potentially eligible for continuous Medicaid coverage until age 26 were denied Medicaid before aging out of the program.\(^{15}\) A summary of denial reasons can be found in Appendix A.

HHSC and DFPS will consider implementing the following strategies in fiscal year 2020 to assist youth with maintaining their Medicaid coverage. A summary of these strategies can be found in Appendix B.

**Strategies for HHSC**

- Youth may find the FFCC Medicaid renewal application confusing, especially if the form asks for information that is not needed to renew their Medicaid. To ensure the application is as easy as possible to complete, HHSC will review Form H1206-FFCC, Health-Care Benefits Renewal,\(^ {16}\) to determine if any fields can be removed. Removing unnecessary fields may make the form easier to understand and complete.
- The Texas Youth Leadership Council is a DFPS advisory committee that was established in 1995 as a forum to address issues that affect children and youth who are currently or formerly in foster care. HHSC plans to present

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\(^{13}\) Fiscal year 2014 data was not included because it did not include a full year of data. Fiscal year 2015 denials only included annual renewals for the FFCC recipients who were enrolled from January to August 2014 (not a full year).

\(^{14}\) Fiscal year 2015 was the first fiscal year that included a full year of FFCC Medicaid data.

\(^{15}\) This number represents the total number of denials from fiscal year 2018, minus the number of youth who aged out of the program and minus the number of youth who voluntarily withdrew from the FFCC Medicaid program.

\(^{16}\) Appendix C provides a sample of the Form H1206-FFCC, Health-Care Benefits Renewal.
information about FFCC Medicaid to the council and seek their feedback about additional strategies HHSC can implement to support youth with maintaining their Medicaid coverage until age 26. Because these youths have experienced some of the same challenges faced by other FFCC recipients, they may be able to identify challenges and strategies that HHSC has not yet considered.

- Youth may be more likely to remember to report an address change if they see a reminder through social media. HHSC plans to increase its social media footprint by posting reminders on Twitter and Facebook about how to report an address change.

**Strategies for DFPS**

- The Texas Youth Connection website, which is designed for youth currently and formerly in foster care, provides information on topics, including education, jobs, housing, finances, and health and safety. Currently, information about the FFCC program is posted on this website, but youth must click through two layers of web pages to find the information. DFPS proposes to post the FFCC Medicaid flyer in a more visible location on the website. Additionally, DFPS plans to post the FFCC Medicaid flyer to the Texas Youth Instagram account on a quarterly basis. Youth may be more likely to use the FFCC Medicaid flyer as a Medicaid educational resource if it were easily accessible.

- Before transitioning from DFPS care, DFPS staff provides youth a USB drive to store their important documents. DFPS plans to start uploading a few important documents, including the FFCC Medicaid flyer, to the USB drive before giving it to youth. Again, youth may be more likely to use the FFCC Medicaid flyer as a Medicaid educational resource if it were easily accessible.

- Because of youth’s previous life experiences, they may need additional support and guidance to help them understand the importance of maintaining health care coverage and the steps they need to complete to maintain their FFCC Medicaid coverage. To provide this additional support, it is critical that DFPS staff, volunteers, and caregivers who come in contact with youth are knowledgeable about FFCC Medicaid, including eligibility criteria, the renewal requirements, and the importance of reporting address changes. For people who are unaware of the FFCC program, education can be provided through the FFCC Medicaid flyer.

  - For example, volunteers at the Texas Youth Hotline, a support and crisis line available 24 hours a day which provides guidance and referral information to callers, would benefit from receiving the FFCC Medicaid flyer. Additionally, DFPS plans to provide the FFCC Medicaid flyer to
Residential Contract Providers at state and regional quarterly meetings to ensure foster parents and other caregivers have the knowledge to provide guidance to youth on how to maintain their Medicaid coverage.

HHSC plans to have ongoing quarterly meetings with DFPS to generate additional strategies that may support youth with maintaining continuous health care coverage until age 26.
4. Conclusion

Youth who age out of foster care in Texas at age 18 or older and who were receiving federally funded Medicaid when they aged out are eligible to receive Medicaid through the FFCC program until age 26. However, due to the unique challenges these youth face, many of them have difficulty maintaining continuous Medicaid coverage until they age out of the FFCC program.

In fiscal year 2016 and fiscal year 2017, HHSC, in partnership with DFPS, changed its business processes to address some of these challenges, such as:

- Changes to allow only specialized eligibility staff to assist and process the youth’s cases;
- System changes to ensure a youth is identified as a youth who aged out of foster care in Texas;
- Extra and improved outreach to locate a youth’s current address when HHSC receives returned mail; and
- Simplified process to receive case information that considers this population’s unique needs.

Although these changes did decrease the number of youth whose Medicaid was denied before turning age 26, some youth still struggle with maintaining continuous coverage.

Since Medicaid is a critical component to supporting these youth’s physical and mental health, HHSC leadership remains committed to working in collaboration with DFPS to improve the number of youth formerly in foster care who maintain continuous Medicaid coverage until age 26 by:

- Increasing stakeholder awareness of the FFCC eligibility requirements and processes;
- Looking at further simplifying the FFCC renewal processes;
- Increasing HHSC’s social media footprint; and
- Providing youth additional information regarding FFCC and the importance of maintaining coverage when they age out of foster care.
## List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHSC</td>
<td>Texas Health and Human Services Commission</td>
</tr>
<tr>
<td>ACA</td>
<td>Affordable Care Act</td>
</tr>
<tr>
<td>FFCC</td>
<td>Former Foster Care Children</td>
</tr>
<tr>
<td>DFPS</td>
<td>Texas Department of Family and Protective Services</td>
</tr>
<tr>
<td>TLS</td>
<td>Transitional Living Services</td>
</tr>
<tr>
<td>PAL</td>
<td>Preparation for Adult Living</td>
</tr>
</tbody>
</table>
Appendix A. FFCC Data

Table A-1. Total FFCC Recipients Denied by Fiscal Year

<table>
<thead>
<tr>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFCC Recipients</td>
<td>100</td>
<td>1,386</td>
<td>1,361</td>
<td>1,264</td>
<td>1,042</td>
</tr>
</tbody>
</table>

Table A-2. Total FFCC Recipients Denied for Aging out of the Program

<table>
<thead>
<tr>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFCC Recipients</td>
<td>1</td>
<td>37</td>
<td>135</td>
<td>196</td>
<td>235</td>
</tr>
</tbody>
</table>

Table A-3. Other Denials

<table>
<thead>
<tr>
<th>Denial Reason</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary withdrawal from program</td>
<td>1</td>
<td>26</td>
<td>22</td>
<td>8</td>
<td>9</td>
<td>66</td>
</tr>
<tr>
<td>Individual is deceased</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Failure to return renewal packet</td>
<td>0(^{18})</td>
<td>889</td>
<td>762</td>
<td>665</td>
<td>411</td>
<td>2,727</td>
</tr>
<tr>
<td>Failure to return requested information</td>
<td>3</td>
<td>95</td>
<td>15</td>
<td>46</td>
<td>35</td>
<td>194</td>
</tr>
<tr>
<td>Unable to locate</td>
<td>51</td>
<td>132</td>
<td>287</td>
<td>162</td>
<td>191</td>
<td>823</td>
</tr>
<tr>
<td>No eligible members (generic denial)</td>
<td>44</td>
<td>207</td>
<td>140</td>
<td>185</td>
<td>161</td>
<td>737</td>
</tr>
</tbody>
</table>

\(^{17}\) The FFCC program was implemented on January 1, 2014. This number only represents eight months of data and does not include annual renewals.

\(^{18}\) Fiscal year 2014 did not include annual renewals because the program started in the middle of the fiscal year. Youth who were certified in fiscal year 2014 did not have an annual renewal until fiscal year 2015.
## Appendix B. Strategies to Increase Continuous Medicaid Coverage

<table>
<thead>
<tr>
<th>HHSC</th>
<th>DFPS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Review Form H1206-FFCC, Health-Care Benefits Renewal.</strong> Remove any fields not needed to renew the youth’s Medicaid.</td>
<td>Post Medicaid information in a more visible location on the Texas Youth Connection website.</td>
</tr>
<tr>
<td>Present to the Texas Youth Leadership Council about FFCC Medicaid and seek feedback about additional strategies HHSC can implement to support youth with maintaining Medicaid coverage until age 26.</td>
<td>Post information about the FFCC program to the Texas Youth Connection Instagram account on a quarterly basis.</td>
</tr>
<tr>
<td>Increase social media footprint by posting reminders on Twitter and Facebook on how to report an address change.</td>
<td>Add the FFCC Medicaid information flyer to the pre-populated “important documents” section of the USB drive that DFPS staff provides youth when they transition from DFPS care.</td>
</tr>
<tr>
<td>Provide the FFCC Medicaid flyer to DFPS Residential Contract Providers at state and regional quarterly meetings so that they can ensure caregivers are educated about FFCC Medicaid.</td>
<td>Ensure Texas Youth Hotline staff and volunteers have access to the FFCC Medicaid information flyer and know where to direct youth to apply for benefits.</td>
</tr>
</tbody>
</table>

*Figure B-1. Strategies to Increase Continuous Medicaid Coverage*
Appendix C. Renewal Notices and Forms

Form H1211, It’s Time to Renew Your Health-Care Benefits Cover Letter

It is time to renew your Health Care Benefits
You now have 30 days to renew your health-care benefits.

ACTION REQUIRED: Check your renewal form — make sure facts are correct.

<table>
<thead>
<tr>
<th>Program</th>
<th>Name</th>
<th>EDG Number</th>
</tr>
</thead>
</table>

You need to check your renewal form. Look it over and make sure the facts we have about you are correct. To find out how, see below — “How to fill out or check your renewal form”.

- If some of the facts about you are not correct: You must update your renewal form.
- If all the facts we have about you are correct: You need to only check your renewal form — you don’t need to send it back to us.

Figure C-1. Form H1211
How to fill out or check your renewal form

If you get Medicaid and (1) are age 65 or older, or (2) have a disability. You can use the paper form sent with this letter. If you get other health-care benefits. You can renew online or ask for a paper form.

To fill out or check your renewal form online:
1. Go to www.YourTexasBenefits.com and log in. (If you don’t have an account click ‘Log in’ and then ‘Create a new account’.)
2. Click ‘Manage’. Find the case that says ‘Ready for renewal’ and click ‘Details’.
3. Click ‘Renew Benefits’ to begin.
4. You can add, update, or remove information about your case. If you don’t have any changes, click the ‘No Changes’ button.

To renew with a paper form do one of the following:
If you didn’t get a paper form, but you want one, you can:

- **Call us:** Call 2-1-1 or 1-877-541-7905 (after you pick a language, press 2). If you have a hearing or speech disability, call 7-1-1 or any relay service.
- **Go to a benefits office:** To find an office near you, go to YourTexasBenefits.com or call 2-1-1 or 1-877-541-7905 (after you pick a language, press 1).
- **Print a form from the website:** Go to YourTexasBenefits.com and log in. Click ‘Message Center’, then ‘My Letters and Forms’.

You must report changes within 10 days of knowing about the change.

☐ The following is needed only if you get FFCC.

You must tell us about changes to your case. Listed here are the changes we need to know about.

Tell us about changes to:

- **Where you live.**
  - If there is an address change.
  - If you no longer live in Texas or are planning to leave Texas.

- **Health insurance.**
  - If there is a change in getting health insurance.

- **Immigration status.**
  - If there is a change immigration status.

When you report a change, you might need to give us proof of the change. You can upload proof of a change on YourTexasBenefits.com or give us copies of items showing proof when you give us Form H1019, Report of Changes.

☐ The following is needed only if you get Medicaid and: (1) are 65 or older or (2) have a disability.

You must tell us about changes to your case. Listed here are some of the changes we need to know about.

Tell us about changes to:

- **Where you live and who lives with you.**

---

**Figure C-2. Form H1211**
• A household member’s pregnancy.
  • If a household member becomes pregnant.
  • If a pregnancy ends by birth or miscarriage.

• Other changes that should be reported.
  • If the job or address changes for a parent not living in the home of a child who gets benefits.
  • If there is a change in tax payers or dependents on your next tax return.
  • If there is a change on the expenses you have claimed on your tax return.

When you report a change, you might need to give us proof of the change. You can upload proof of a change on www.YourTexasBenefits.com or give us copies of items showing proof when you give us Form H1019, Report of Changes.

Your Rights
• We will let you know if you can get benefits within 30 days or by the agency review date. See below for the program's agency review date.
  • Medicaid - Middle of the last month of your benefit period
  • CHIP - Middle of the 11th month of the child's 12-month benefit period
• You can ask to talk with a supervisor about your case.
• If you don't agree with an action HHSC took or didn't take, you can ask for a fair hearing for Medicaid or a case review for CHIP.

If you think you have been discriminated against because of race, color, national origin, age, sex, disability, or religion, you can file a complaint by calling (888) 368-6332.

Figure C-3. Form H1211
Health-Care Benefits Renewal: Former Foster Care
Children’s Medicaid

How to Renew

1. Review and Update the Form
   - If any of the facts printed on this form are not correct, you must cross out the information and write in the correct information.
   - If you have any new facts you must write them in. This includes but is not limited to: income, health insurance, individuals living in your home and expenses.
   - If you update any information you must sign and return the renewal form to HHSC.

2. Submit Form
   - There are five ways to renew your benefits. Pick only one:
     * YourTexasBenefits.com: You can update the facts we have about you and upload your items online.
     * Mail: Mail the renewal form with all the correct facts about you and the items we need from you to:
       TEXAS HEALTH AND HUMAN SERVICES COMMISSION
       P O BOX 149024
       AUSTIN, TEXAS 78714-0024
     * Fax: Fax the renewal form with all the correct facts about you and the items we need from you packet to 1-877-447-2839, if your form is 2-sided, fax both sides.
     * Phone: Call 2-1-1 (after you pick a language, press 2). If you have a hearing or speech disability, call 7-1-1 or any relay service.
     * In person: At a benefits office. To find an office near you, go to YourTexasBenefits.com or call 2-1-1 (after you pick a language, press 1).

Questions about this form
   - Online: YourTexasBenefits.com
   - Phone: Call us at 2-1-1. After you pick a language, press 2
   - In person: At a benefits office. To find an office near you, go to YourTexasBenefits.com or call 2-1-1 (after you pick a language, press 1).
### Contact Information

<table>
<thead>
<tr>
<th>Phone</th>
<th>Home</th>
<th>Office</th>
<th>Other</th>
</tr>
</thead>
</table>

E-mail Address: 

### Head of Household

<table>
<thead>
<tr>
<th>Name</th>
<th>Apt #</th>
<th>City</th>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>County</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>County</th>
</tr>
</thead>
</table>

### Individuals Ready For Renewal

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Relationship to Head of Household</th>
<th>This Person Lives in Texas</th>
<th>U.S. Citizen</th>
<th>Lives in Texas</th>
<th>Plans to Stay in Texas</th>
</tr>
</thead>
</table>

### Immigration Status

Has immigration status changed? ...............................................................  □ Yes  □ No

---

Figure C-5. Form H1206-FFCC
<table>
<thead>
<tr>
<th>If yes, complete the following:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Immigration Registration Number</strong></td>
</tr>
</tbody>
</table>

**Your Family's Health Coverage**

<table>
<thead>
<tr>
<th>Policy Holder's Name</th>
<th>Insurance Company</th>
<th>Effective Date</th>
</tr>
</thead>
</table>

**More Facts about the People included on this Form**

Is anyone pregnant? □ Yes □ No

a.) If yes who is pregnant?

b.) Is this your first pregnancy? □ Yes □ No

c.) How many babies are expected during this pregnancy?

d.) Due date (mm/dd/yyyy):

Does a child applying for health care travel with a family member who is a migrant farmworker? □ Yes □ No

If yes, who?

Is anyone who is applying for health coverage in jail (incarcerated)? □ Yes □ No

If yes, who?
Do you want to give someone the right to act for you - to be your authorized representative?  
☐ Yes  ☐ No

If you want, you can give someone the right to act for you (an authorized representative).  
That person can:

- give and get facts for this application;
- take any action needed for the application process. This includes appealing an HHSC decision;
- take any action needed to enroll in Medicaid or CHIP. This includes picking a health plan;
- take any action needed to get benefits. This includes reporting changes and renewing benefits.

By agreeing to act as your authorized representative, I agree to:

- fulfill all your responsibilities related to Medicaid;
- keep information about you private;
- obey state and federal laws about conflict of interest and keeping information private, including:
  - laws that protect information on people who apply for or receive Medicaid (42 CFR part 431, subpart F);
  - laws about the privacy and safety of personally identifiable information (45 CFR §164.500(f)); and
  - laws barring the state from paying anyone other than your provider or you for Medicaid services, except in a few circumstances (42 CFR §447.10).

You can have only one authorized representative for all your benefits from HHSC. If you want to change your authorized representative: (1) log in to your account on YourTexasBenefits.com and report a change, or (2) call 2-1-1 (after you pick a language, press 2). If you’re a legally appointed representative for someone on this application, send proof with the application.

Authorized Representative’s Name: 

Organization:

Address:

Phone Number:

---

Preferred Method of Contact by Health Plan Providers or Managed Care Organizations

For pregnant individuals only

If you get health benefits from us, your health plan provider or managed care organization may contact you for things like appointment reminders and information about immunizations or well-check visits.

You can choose to have them contact you by telephone, text message, or email. Please rank how you would prefer to be contacted, with 1 being your most preferred.

Name: __________________________

Language you prefer to be contacted in: __________________________

☐ By telephone  Telephone number: __________________________

  (If contacted by cellular telephone, the call may be autodialed or prerecorded, and your carrier's usage rates may apply.)

☐ By text message  Cellular telephone number: __________________________

  (Carrier message and data rates may apply)

☐ By e-mail  E-mail Address: __________________________

---

Figure C-7. Form H1206-FFCC
Signing up to vote

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

☐ Yes ☐ No

Agency Use Only: Voter Registration Status

☐ Agency registered  ☐ Client declined  ☐ Agency transmitted  ☐ Client to mail  ☐ Mailed to client  ☐ Other

Agency staff signature ________________________________

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the

Elections Division,
Secretary of State,
PO Box 12060,
Austin, TX 78711.
Phone: 1-800-252-8883

Important Information for Former Military Service Members

Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Air Force, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information, please visit the Texas Veterans Portal at https://veterans.portal.texas.gov.

Read & sign this application

I'm signing this application under penalty of perjury which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false or untrue information.

- I know that I must tell the Texas Health and Human Services Commission (HHSC) if anything changes (and is different than) what I wrote on this application. To report changes, I can go to YourTexasBenefits.com or call 2-1-1 or 1-877-541-7905. I understand that a change in my information could affect the eligibility for member(s) of my household.

- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhsc.gov/yourbenefits

Figure C-8. Form H1206-FFCC
We need this information to check your eligibility for help paying for health coverage if you choose to apply. We’ll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn’t match, we may ask you to send us proof.

Renewal of coverage in future years

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the agency to use income data, including information from tax returns. The agency will send me a notice, let me make any changes, and I can opt out at any time.

Yes, renew my eligibility automatically for the next

☐ 5 years (the maximum number of years allowed), or for a shorter number of years:
☐ 4 years  ☐ 3 years  ☐ 2 years  ☐ 1 year  ☐ Don’t use information from tax returns to renew my coverage.

If anyone on this application is eligible for Medicaid

I am giving to HHSC the rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to HHSC rights to pursue and get medical support.

My right to appeal

If I think HHSC has made a mistake, I can appeal its decision. To appeal means to tell someone at HHSC that I think the action is wrong and ask for a fair review of the action. I know that I can find out how to appeal by contacting HHSC at 21-1 or 1-877-541-7005 (after you pick a language, press 2). I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

If you think you have been discriminated against because of race, color, national origin, age, sex, disability, or religion, you can file a complaint by calling (888) 388-6352.

Sign this application

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

The person who filled out the form or their authorized representative should sign.