



Expanding Health Care Coverage for Adolescents Transitioning from Foster Care to Independent Living

Summary

Prepared by Community Voices Partnership

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Background:

Foster care is a program managed by the West Virginia Department of Health and Human Resources (DHHR) to protect children from abuse, neglect and exploitation. There are approximately 3,000 children in the foster care program who remain in state custody for anywhere from a few months to several years.

As foster care adolescents begin living independently they face tremendous challenges. Many find themselves on their own without the family support received by most individuals entering adulthood. Depression, suicide, homelessness, substance abuse, and pregnancy can be high in this population. These adolescents clearly need access to medical care. Unfortunately, many will not have jobs that provide medical insurance. Currently, only adolescents who agree to continue in the custody of DHHR have access to Medicaid coverage. This includes only about 15 adolescents annually. Many adolescents are enrolled full time in higher education or vocational education programs, and other training programs, but these programs do not provide health care coverage. On an annual average, 15 adolescents continue in the DHHR custody to keep Medicaid coverage, pay for their education and provide for them in between semesters.

Statement of Need

In West Virginia an average of 200 youth age out of the foster care program each year. Approximately 15 youth stay in the custody of DHHR and continue their education in college or vocational programming. Some return to their families, but many are left with little resources or community ties.

A focus group was recently held with adolescent foster care youths cared for by Daymark/New Connections. The purpose was to determine how adolescents transitioning from foster care to independent living perceive health care utilization. The group concluded that many are unaware of:

- the costs of health care,
- the types of insurance coverage,
- how to access health care, and
- the importance of preventive health care.

Cost of Implementation

With the passage of the Chafee Foster Care Independence Program, the West Virginia DHHR, Bureau for Children and Families now receives \$740,186 annually, twice the amount received compared to \$335,186 annually from 1990-2000. A twenty percent match (\$185,204 in FY 2001-2002) from the state is required, which is provided through general revenue funds for the current fiscal year.

To provide Medicaid services to the 185 youth, discharged from foster care annually and who are qualified for coverage under the Chafee Independence Program, would cost the state of West Virginia \$185,784 annually for our match share (this is the 25% match requirement for Medicaid)*. This estimate is based on the actual expenditures for 55 youth aged 17-18 in the foster care program for the 12-month period in 2001, a total cost of both federal and state funds equaling \$743,138.43 for the 185 adolescents.

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Recommendations:



West Virginia should take advantage of the Chafee legislation and expand the Medicaid program to all youth who have “aged out of foster care” (after their 18th birthday) through their twenty-first birthday. Currently this population is uninsured and is at very high risk of depression, suicide, homelessness, substance abuse, and pregnancy. These youth could be covered with minimal state expenditure. The coverage should include the broad array of health care screening, diagnosis, and treatment services included in the Early Periodic Screening, Diagnostic and Treatment Program (EPSDT/HealthCheck), oral health services and mental health services. This change will require an amendment to the WV State Medicaid Plan to expand coverage to those over 18, to change the services provided to this population and to maintain their same level of medical coverage.



An outreach campaign targeted to this adolescent population leaving foster care will be needed. The campaign should inform youth that free health insurance is available through the Medicaid program. Specifically, all DHHR offices should have notices displayed, and hospitals and primary care centers should inform their outreach coordinators so enrollment can be promoted. The DHHR and private foster care agencies should do all they can to inform these youth clients who have left the foster care program in the last two and a half years to ensure their enrollment in Medicaid.



Agencies and **those responsible for providing life skills training to this population should focus on important issues** such as accessing health care, how to use insurance coverage and the importance of securing employment with insurance benefits.

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