

The Public Children Services Association of Ohio (PCSAO) is a membership-driven association of Ohio's county Public Children Services Agencies that advocates for and promotes child protection program excellence and sound public policy for safe children, stable families, and supportive communities. We have reviewed the Healthy Ohio 1115 Demonstration Waiver and offer the following comments on the waiver proposal's impact on one of Ohio's most vulnerable populations, youth in foster care and those who have aged out of foster care without a permanent family (former foster youth).

Children enter agency custody (foster care) when an investigation by a public children services agency (PCSA) determines that the child cannot safely remain at home. Sadly, some children enter agency custody not because of abuse or neglect, but because their parents have been forced to relinquish custody in order to access treatment for their child's severe behavioral health needs. Regardless of their particular set of circumstances, by and large, children who are removed from their homes have experienced some sort of trauma. As a result, children and youth in foster care have high rates of acute and chronic medical, mental health and developmental problems^{1,2}.

Recognizing this need, children and youth in foster care are categorically eligible for Medicaid coverage when they enter agency custody. In addition, former foster youth who were in agency custody when they turned 18 are eligible for Medicaid coverage until they reach age 26, mirroring the provision within the Affordable Care Act that allows young adults to remain enrolled on a parent's employer-based coverage plan up to age 26. This coverage is critical for this population who face significant challenges as they transition to living on their own, including limited education and employment experience, relatively poor mental and physical health, and comparatively high rates of homelessness, incarceration, and early parenting.

PCSAO has appreciated your leadership during the current Medicaid behavioral health redesign process and planning for the transition of foster youth into Medicaid managed care for physical health. It is critically important that the unique needs of the foster youth population are accounted for and can be fully met.

We are concerned that the Healthy Ohio waiver proposal, as statutorily required, will result in loss of Medicaid coverage for foster youth in Ohio and consequently their access to vital behavioral and physical health care that is crucial as they transition into young adulthood. These concerns can be summarized in two main areas, eligibility and cost sharing.

Eligibility: We are disappointed that the exemption for wards of the state does not extend to youth ages 18 and over who are in custody of a public children services agency, or for youth who were formerly in foster care. Youth remain in agency custody beyond age 18 for a variety of reasons; some in order to finish their high school education, some remain through age 21 when they can transition to another system such as developmental disabilities, and others remain to continue receiving needed services and support. The number is not insignificant, in SFY2015, nearly 1570 youth ages 18-21 were in agency custody.³ This number is projected to rise by 1000 per year if Ohio moves forward with plans to implement extended foster care services to youth until the age of 21, as called for in House Bill 50 and Senate Bill 240, currently under consideration in the General Assembly and supported by a significant number of Representatives and Senators.

The inclusion of youth ages 18 and over who are in agency custody separates children in agency custody into two separate Medicaid programs, Covered Families and Children for youth through age 17, and Healthy Ohio for youth 18+. In addition to the challenges for the youth themselves, this will require PCSAs to manage two separate Medicaid programs on behalf of youth, creating an additional unfunded administrative burden.

Further, former foster youth who were in agency custody on their 18th birthday are also included in Healthy Ohio. PCSAs work hard to assist youth who are transitioning to adulthood to gain valuable self-sufficiency skills including gaining employment. These youth do not have family to fall back on when they experience hurdles and need help. Requiring cost-sharing starting at 10% of the federal poverty level for this population may discourage some youth from seeking employment. For reasons stated earlier, this is an extremely vulnerable population who face many struggles to establish themselves as stable, successful young adults. Stable, comprehensive health care is key to helping them succeed.

Recommendation: Youth 18+ in agency custody and former foster youth should be exempt from Healthy Ohio.

Cost sharing: The waiver requires all participants (with the exception of those with incomes between 0-9% of FPL) to contribute monthly to a “Buckeye account.” While the amounts can be seen as modest, research and other states’ experiences have shown that even modest cost-sharing creates significant barriers. Further, while other entities can pay into the Buckeye account on behalf of participants to a certain level, only employers and non-profit organizations are named (and for some purposes, managed care plans).

Recognizing the real impact of cost-sharing on vulnerable populations, federal regulations exempt children in foster care and individuals receiving Title IV-E benefits without regard to age, from premiums and cost sharing within Medicaid.⁴

Recommendation: The federal exemption from cost-sharing for children in foster care and individuals receiving Title IV-E benefits should continue in Ohio.

¹ M. INKELAS AND N. HAFON, “MEDICAID AND FINANCING OF HEALTH CARE FOR CHILDREN IN FOSTER CARE: FINDINGS FROM A NATIONAL SURVEY,” UCLA CENTER FOR HEALTHIER CHILDREN, FAMILIES AND COMMUNITIES (SEPTEMBER 2002)

² “MEDICAID BEHAVIORAL HEALTH CARE USE AMONG CHILDREN IN FOSTER CARE,” CENTER FOR HEALTH CARE STRATEGIES, INC. (JUNE 2014)

³ OHIO DEPARTMENT OF JOB AND FAMILY SERVICES, SPECIAL DATA RUN, 7.26.2015. ADDITIONAL CALCULATIONS BY PCSAO.

⁴ CODE OF FEDERAL REGULATIONS, TITLE 42, CHAPTER IV, (C), SECTION 447.56