



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

December 23, 2013

Dear Colleague:

On March 23, 2010, President Obama signed the federal healthcare reform law, the Patient Protection and Affordable Care Act, also known as the ACA. This comprehensive law has provisions to expand coverage, control healthcare costs and improve healthcare delivery.

Under the ACA, youth who were in Pennsylvania's or another state's foster care system and enrolled in Medicaid/Medical Assistance at any time on or after their 18th birthday will be eligible for Medical Assistance coverage until age 26 beginning January 1, 2014. Individuals may apply through COMPASS, Pennsylvania's online application for health and human services programs, or the Federally Facilitated Marketplace (FFM). Youth between 18 and 21 years of age who receive Medical Assistance under the former foster care category will be eligible for the full range of benefits available to all children under the Medical Assistance Program. Individuals age 21 and older who receive Medical Assistance under the former foster care category will qualify for the most comprehensive level of benefits currently offered to adults enrolled in the Medical Assistance Program. There are copayments associated with some services for individuals of any age in the former foster care category.

When current foster youth leave care at age 18 or older, they will be enrolled in Medical Assistance under the former foster care category once the paperwork verifying the date they left foster care (CY60) is received by the County Assistance Office (CAO) from the County Children and Youth Agency (CCYA). The CY60 will have the permanent address where the former foster youth will be residing. There will be no break in coverage and this initial process will require no further action from the youth.

Individuals not yet age 26 who were previously in foster care and enrolled in Medical Assistance at any time on or after their 18th birthday will need to complete a full health care application and provide all required documentation, including verification of income, in order to have eligibility determined for health care coverage. Individuals must fully answer the questions on the health care application related to former foster care status to ensure that they are considered for eligibility under the former foster care category. If they do not meet eligibility

criteria (*MAGI rules or other Medical Assistance rules) for any other Medical Assistance category, they will be provided coverage under the former foster care category which does not require an income or resource test.

Pennsylvania has elected to cover former foster youth from other states who meet the eligibility criteria as well. They will need to provide verification of prior placement in foster care, when they left care and that they were receiving medical assistance while in care. Some methods of verification include prior court orders and/or letters from an official agency.

The COMPASS homepage, www.compass.state.pa.us, has a new hyperlink available that will navigate users to the FFM to "Learn More about Health Insurance Marketplace". When a COMPASS application is started, there will be a health care pre-screening to determine eligible medical benefits for existing Medical Assistance, CHIP or Federally Funded Qualified Health Plans through the FFM. COMPASS will also be used for Remote ID Proofing (RIDP) to validate the applicant applying for benefits.

If a former foster youth needs assistance in obtaining verification of prior placement in foster care and receipt of Medical Assistance, they should contact the child welfare agency responsible for them while they were in foster care. The CCYA where they currently reside can also be a resource to assist in obtaining the required documentation. It is the applicant's responsibility to obtain this verification but if the applicant is unable to, the CAO will assist.

All individuals enrolled in the former foster care category will be subject to an annual renewal process to verify ongoing eligibility. When an individual is due for renewal, the CAO will send a renewal form in the mail that must be completed, signed and submitted with required verification, including income and resource information. The renewal form can be completed online using COMPASS in place of completing the paper renewal form provided by the CAO.

If an individual is receiving Medical Assistance, an account can be created on COMPASS to allow them to check and monitor their benefits. If an individual receiving benefits moves to a new address, it is important that they contact their local CAO to update their information. Mail from a CAO cannot be forwarded to a new address and will be returned to the CAO. This could cause coverage and/or benefits to be discontinued if requested documentation or responses are not received.

Information is now available at www.healthcare.gov, the federal information source for those seeking insurance through the FFM. The federal hotline number is

*MAGI, or Modified Adjusted Gross Income, is based on federal tax rules for determining adjusted gross income. MAGI is a new provision within the federal healthcare reform law, the Patient Protection and ACA. MAGI rules are applied to determine financial eligibility for certain coverage groups, and MA rules will apply to non-MAGI coverage groups.

1-800-318-2596. Pennsylvania's information source is located at www.dpw.state.pa.us, where there is a large ACA information graphic. Individuals can also have questions answered by calling the PA Consumer Service Center at 1-866-550-4355. Additionally, www.dpw.state.pa.us/applyforbenefits/index.htm is the state's link to COMPASS where individuals can locate their county assistance office or download a paper application.

If you have any questions, please contact Ms. Amy Grippi of my staff at agrippi@pa.gov or 717-787-4756.

Sincerely,



Cathy A. Utz
Acting Deputy Secretary

c: Ms. Amy Grippi