

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Appropriations

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BILL: CS/SB 1526

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Garcia

SUBJECT: Medicaid Coverage for Former Foster Youth

DATE: April 14, 2021

REVISED: \_\_\_\_\_

|    | ANALYST        | STAFF DIRECTOR  | REFERENCE  | ACTION                      |
|----|----------------|-----------------|------------|-----------------------------|
| 1. | <u>Preston</u> | <u>Cox</u>      | <u>CF</u>  | <b>Fav/CS</b>               |
| 2. | <u>Sneed</u>   | <u>Kidd</u>     | <u>AHS</u> | <b>Recommend: Favorable</b> |
| 3. | <u>Sneed</u>   | <u>Sadberry</u> | <u>AP</u>  | <b>Pre-meeting</b>          |

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 1526 makes a number of changes to the law relating to Medicaid coverage for young adults who have aged out of foster care. The bill requires the Department of Children and Families (DCF) to develop a program to facilitate enrollment of young adults formerly in out-of-home care in Medicaid.

The bill authorizes the DCF to coordinate with a community-based care lead agency in implementing the program and requires specified outreach services that must be included in the program.

The bill revises eligibility for Medicaid coverage for specified young adults formerly eligible for foster care to provide that a young adult who as a child was eligible under Title IV-E of the Social Security Act for foster care or state-provided foster care and was living in out-of-home care in Florida on his or her 18th birthday remains eligible until the young adult reaches 26 years of age. There is no income, resource, or categorical limit for eligibility that is otherwise required to be in compliance with federal law.

The bill may have an indeterminate negative fiscal impact on state government. See Section V. Fiscal Impact Statement.

The bill takes effect July 1, 2021.

## II. Present Situation:

### Medicaid

Medicaid, authorized in Title XIX of the Social Security Act (SSA), is a state administered federal program that jointly finances medical and related services to a diverse low-income population.<sup>1</sup> To be eligible for Medicaid, individuals must meet both categorical<sup>2</sup> and financial<sup>3</sup> criteria in addition to requirements regarding residency, immigration status, and U.S. citizenship.<sup>4</sup> For some eligibility groups or pathways, state coverage is mandatory, while for others it is optional. States and territories must submit a state plan to the federal government to describe how they will carry out their Medicaid programs within the federal statute's framework.<sup>5</sup>

As the Medicaid agency for the state, as provided under federal law, Medicaid services in Florida are administered by the Agency for Health Care Administration (AHCA). Medicaid eligibility in Florida is determined by either the Department of Children and Families (DCF) or the Social Security Administration for Supplemental Security Income (SSI)<sup>6</sup> recipients. The DCF determines Medicaid eligibility for:

- Parents and caretaker relatives of children;
- Children;
- Pregnant women;
- Former Foster Care Individuals;
- Non-citizens with medical emergencies; and
- Aged or disabled individuals not currently receiving SSI.<sup>7</sup>

### Children in Out-of-Home Care

The Foster Care, Prevention, and Permanency program, authorized in Title IV-E of the SSA, is a federal-state program that, among other things, jointly finances foster care for children who a state determines cannot safely remain in their homes and who meet federal eligibility rules related to being removed from a low-income household and other factors. The program also provides some support for services to assist older children in foster care and those who age out of foster care in making a successful transition to adulthood. The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) administers the Title IV-E program.<sup>8</sup>

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<sup>1</sup> Medicaid.gov, *Medicaid*, available at <https://www.medicaid.gov/medicaid/index.html> (last visited March 6, 2021).

<sup>2</sup> Categories include the elderly, children, or pregnant women.

<sup>3</sup> These include income and assets.

<sup>4</sup> Medicaid.gov, *Eligibility*, available at <https://www.medicaid.gov/medicaid/eligibility/index.html> (last visited March 6, 2021).

<sup>5</sup> Congressional Research Service, *Medicaid Coverage for Former Foster Youth Up to Age 26*, October 26, 2018, available at <https://fas.org/sfp/crs/misc/IF11010.pdf> (last visited March 5, 2021) (hereinafter cited as “CRS Medicaid for Foster Youth”).

<sup>6</sup> Supplemental Security Income (SSI) is a federal income supplement program funded by general tax revenues (not Social Security taxes). The program is designed to help aged, blind, and disabled people, who have little or no income and it provides cash to meet basic needs for food, clothing, and shelter.

<sup>7</sup> The DCF, ACCESS Program, Medicaid, available at <https://www.myflfamilies.com/service-programs/access/medicaid.shtml> (last visited March 5, 2021).

<sup>8</sup> CRS Medicaid for Foster Youth.

While in foster care, nearly all children are eligible for Medicaid under mandatory eligibility pathways. This means that states must provide coverage because these children receive assistance under the Title IV-E foster care program, are disabled, or meet other eligibility criteria. Under the Title IV-E program, states are required to inform foster youth within 90 days prior to emancipation about their future options for health care. Title IV-E also directs states to provide these youth with health information and official documentation that they were previously in care. Such documentation may be necessary to determine eligibility for some former foster youth who later apply for Medicaid.<sup>9</sup>

Current law requires the AHCA to make payments for medical assistance and related services on behalf of individuals who the department, or the Social Security Administration by contract with the DCF, determines to be eligible, subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or ch. 216, F.S.<sup>10</sup> These individuals include a child who is eligible under Title IV-E of the Social Security Act for subsidized board payments, foster care, or adoption subsidies, and a child for whom the state has assumed temporary or permanent responsibility and who does not qualify for Title IV-E assistance but is in foster care, shelter or emergency shelter care, or subsidized adoption. This category includes:

- A young adult who is eligible to receive services under s. 409.1451, F.S., until the young adult reaches 21 years of age, without regard to any income, resource, or categorical eligibility test that is otherwise required.
- A person who as a child was eligible under Title IV-E of the Social Security Act for foster care or the state-provided foster care and who is a participant in the Road-to-Independence Program.
- A child who is eligible for the Guardianship Assistance Program as provided in s. 39.6225, F.S.<sup>11</sup>

### **Young Adults Formerly in Out-of-Home Care**

The Medicaid pathway for former foster youth is intended to provide necessary health supports in the years immediately after leaving foster care.<sup>12</sup> The Patient Protection and Affordable Care Act (ACA)<sup>13</sup> authorizes Medicaid for an individual up to age 26 if they were in foster care and receiving Medicaid when they aged out of foster care at the age of 18 or older. It parallels another ACA requirement that health insurance companies provide coverage of children up to age 26 under their parents' private health care plans. There is no income limit for eligibility and the young adult must not be eligible for another Medicaid coverage type. However, the individual must apply for this coverage through the DCF's ACCESS Florida.<sup>14</sup>

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<sup>9</sup> *Id.*

<sup>10</sup> Section 409.903, F.S.

<sup>11</sup> Section 409.903(4), F.S.

<sup>12</sup> CRS Medicaid for Foster Youth.

<sup>13</sup> *See* Pub. L. 111-148.

<sup>14</sup> The DCF, CFOP 170-15, Chapter 2 Medicaid, 2-9.a., available at

<https://www.myflfamilies.com/admin/publications/cfops/CFOP%20170-xx%20Child%20Welfare/CFOP%20170->

Prior to reaching age 21, if the young adult has an open supervision case or upon request of a young adult, child welfare staff must:<sup>15</sup>

- Assist the young adult in applying for Medicaid under this coverage group.
- Ensure that the young adult retains continuity of medical care and has a Medicaid card.

A review of continued Medicaid eligibility must be completed at least once every 12 months, or sooner if the child's circumstances change. The criteria for recertification remain the same as for the initial Medicaid eligibility determination. In all cases, Medicaid for non-Title IV-E eligible children must be authorized for 12 months. All factors relating to eligibility are reevaluated at each recertification.<sup>16</sup>

### III. Effect of Proposed Changes:

Currently, the DCF or the community-based lead agency is required to document that young adults who were formerly in out-of-home care are enrolled in Medicaid under s. 409.903(4), F.S.<sup>17</sup> The bill directs the DCF to develop a program to facilitate enrollment of these young adults into the Medicaid program. The DCF is required to provide outreach and technical assistance that includes:

- Notifying eligible or prospectively eligible young adults, caregivers, group homes, and residential programs about the eligibility and options for enrollment.
- Providing technical assistance to eligible young adults in enrolling.
- Publicizing options for Medicaid enrollment for young adults who have lived in foster care.

The bill also amends s. 409.903(4), F.S., to conform the statute to federal law and existing Florida Medicaid rules, which require state Medicaid programs to extend eligibility for former foster care youth to the age of 26, without regard to any income, resource, or categorical eligibility test that is otherwise required in order to be in compliance with federal law.

The bill takes effect July 1, 2021.

### IV. Constitutional Issues:

#### A. Municipality/County Mandates Restrictions:

None.

#### B. Public Records/Open Meetings Issues:

None.

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[15%20%20Federal%20and%20State%20Funding%20Eligibility/CFOP%20170-15.%20%20Chapter%2002.%20Medicaid.pdf](#) (last visited March 6, 2021).

<sup>15</sup> *Id.* Medicaid 2-9 b.

<sup>16</sup> The DCF, CFOP 170-15, Chapter 2 Medicaid, 2-14 a.

<sup>17</sup> Section 409.1451(10), F.S.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

CS/SB 1526 has an indeterminate negative fiscal impact on state government.

The DCF projects one-time costs to make the necessary technological updates to the Florida Safe Families Network (FSFN) and ACCESS Florida systems.<sup>18</sup> However, because the costs are projected to be minimal, the DCF would likely be able to absorb the costs within existing department resources.

The ACHA states that the bill poses no operational costs for the department.<sup>19</sup> The AHCA also provides that since former foster care youth are currently eligible for Medicaid coverage until age 26 as mandated by federal law, the bill codifies in statute to align with what is currently covered under Florida Medicaid. However, the AHCA states that the program to assist enrollment of former foster youth in Medicaid may result in an indeterminate increase in the number of Medicaid enrollees.<sup>20</sup>

**VI. Technical Deficiencies:**

None.

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<sup>18</sup> DCF, *2021 Agency Legislative Bill Analysis, SB 1526* (on file with the Senate Appropriations Subcommittee on Health and Human Services).

<sup>19</sup> ACHA, *2021 Agency Legislative Bill Analysis, SB 1526* (on file with the Senate Committee on Children, Families, and Elder Affairs).

<sup>20</sup> *Id.*

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 409.1451 and 409.903.

**IX. Additional Information:**

- A. **Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Children, Families, and Elder Affairs on March 9, 2021:**

The committee substitute revises eligibility for Medicaid coverage for specified young adults formerly eligible for foster care and who was living in out-of-home care in Florida on his or her 18th birthday remains eligible until the young adult reaches 26 years of age, without regard to any income, resource, or categorical eligibility test that is otherwise required in order to be in compliance with federal law.

- B. **Amendments:**

None.